

GRAND ISLAND ATHLETICS HEALTH UPDATE

*****TO BE HANDED INTO COACH ON FIRST DAY OF PRACTICE/TRY-OUTS*****

Name: _____ Grade: _____ Sport: _____

NOTE: "YES" to any of these questions does not mean automatic disqualification from the athletic activity indicated above. However, it may require a review and approval by the school physician before the student can report to practice or tryouts.

HEALTH HISTORY SINCE LAST HEALTH PHYSICAL EXAM

Since your last physical exam, have you had or experienced-	YES	NO
Any injury or illness requiring medical attention?		
Any injury or illness lasting longer than 5 days?		
Currently under a doctor's care for a medical issue?		
Any treatment in the hospital, Emergency Department, or urgent care clinic		
Currently taking any medications?		
Fainting, dizziness, fatigue, or chest pain after exercise or heavy exertion?		
Any cardiac health problems, or relatives died suddenly before the age of 50?		
Wear glasses or contact lenses?		
Any known allergies?		
Any chronic illness? (i.e. asthma, diabetes, seizures)		
Any need to wear protective equipment?		
Any reason why this student may not participate in any sport?		

Family Heart Health History

A relative has/had any of the following (check all that apply):

- Enlarged Heart/Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy?
- Arrhythmogenic Right Ventricular Cardiomyopathy?
- Heart rhythm problems, long or short QT interval?
- Brugada Syndrome?
- Catecholaminergic Ventricular Tachycardia?
- Marfan Syndrome (aortic rupture)
- Heart attack at age 50 or younger?
- Pacemaker or implanted cardiac defibrillator?
- None of the above

A family history of:

- Known heart abnormalities or sudden death before age 50?
- Structural heart abnormality, repaired or unrepaired?
- Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50 (due to loss of consciousness or seizure)?

Please continue to next page to explain any YES answers and sign the form

Please describe the condition or situation that caused any of the above answers to be "YES" and any further information that we should have for your child to safely participate in athletics. If you have had a recent (since your last physical) injury or illness that required medical attention, please include a clearance note from the physician, unless it has been sent in to school previously. Notes can also be faxed to the Athletic Dept at 716-773-3399.

Parental Permission: I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team noted at the top of this form. The answers are correct as to this date and my child has my permission to participate.

Parent Signature

Date

Student-Athlete Signature

Date