BRONXVILLE PUBLIC SCHOOLS
HEALTH HISTORY REVIEW

(to be completed by parent/ guardian)

Name_____ **Grade**_____ **Sport**_____

Prior to the first practice sessions of each season, a health history review for each student/athlete must be completed.

Medical History (circle appropriate answer)

Note: Yes responses do not mean automatic disqualification, but evaluation by school medical personnel.

Any injuries or illnesses requiring medical attention?	Yes No
Any illnesses lasting more than 5 days?	Yes No
Wears glasses or contact lenses?	Yes No
Any known allergies?	Yes No
Taking any medicine or under physician's care at his time?	Yes No
Any feeling of faintness, dizziness or fatigue after heavy exertion?	Yes No
Any hospitalization, surgery or fracture?	Yes No
Any chronic disease?	Yes No
Wears orthodontic appliance?	Yes No
Any teeth capped or replaced?	Yes No
Had concussion or convulsion?	Yes No
Any condition that may be exacerbated by playing sports?	Yes No
Family history- death from heart disease in person less than 50?	Yes No
Is menstrual cycle irregular or absent?	Yes No
Any change in eating habits? (weight gain)_____(weight loss)_____	Yes No

Please explain "YES" responses_____

I hereby certify that the above medical information is accurate and current.

SIGNATURE OF STUDENT_____

SIGNATURE OF PARENT/ GUARDIAN_____ **DATE**_____

RETURN TO SCHOOL NURSE

THIS FORM CANNOT BE ACCEPTED MORE THAN 30 DAYS PRIOR TO START OF SPORT