

**POCANTICO HILLS CENTRAL SCHOOL DISTRICT
HEALTH SERVICES
Sleepy Hollow, New York 10591**

Date of Last Physical _____

HEALTH HISTORY QUESTIONNAIRE

To be completed by parent or family physician. Must be returned to the school nurse before each sport season or school year.

Name _____ Date of Birth _____
Home Address _____ Grade _____
_____ Sport _____
Parent's Name _____ Telephone # _____

Explain all "yes" answers at bottom (give dates):

Since the previous school year or since last questionnaire completed, has student had:

- _____ Any known medical condition
- _____ Allergies
- _____ Takes daily or frequent medication
- _____ Emergency room care
- _____ Overnight hospitalizations
- _____ Operations
- _____ Heart disease or murmur
- _____ Irregular heart beat
- _____ High blood pressure
- _____ Asthma or lung disease
- _____ Difficulty breathing
- _____ Severe or recurrent chest pain
- _____ Bleeding tendency or blood disease
- _____ Serious head injury
- _____ Loss of consciousness, fainting, or loss of memory
- _____ Convulsions or seizures
- _____ Recurrent headaches or migraines
- _____ Poor or single vision
- _____ Wears glasses or contact lenses
- _____ Hearing impairment
- _____ History of diabetes
- _____ History of urinary problems or urinary tract infections
- _____ Kidney disease
- _____ Loss of eye, kidney, testicle, or other organ
- _____ Broken bones or joint disease
- _____ Impaired use of arms or legs
- _____ Consulted with physician in past six months
- _____ Do you know any reason why this individual should not participate in all sports

Please explain "yes" answers to above questions (include month and year):

Date of most recent tetanus toxoid immunization: _____

Date: _____ Parent Signature: _____