

**KEARNY BOARD OF EDUCATION
HEALTH SERVICES**

PREPARTICIPATION HEALTH HISTORY QUESTIONNAIRE/ATHLETIC PERMISSION FORM

Today's Date: _____

Name: _____ Sex: M F Grade _____ Birth Date ____ / ____ / _____

Address: _____ Phone # _____ Sport: _____

DIRECTIONS: The following questionnaire about medical history should be filled out by a parent or guardian. This form is required to be completed no more than 60 days prior to the start of every season. Please explain all "yes" answers at the end of this form. You must respond to all questions.

1. Have you had or do you currently have:
 - a. A physical in the last 365 days? Date ____ / ____ / _____ YES NO
 - b. An injury or illness since your last exam? _____ YES NO
 - c. A chronic or ongoing illness (such as diabetes or asthma)? _____ YES NO
 - d. Surgery or been hospitalized, or had any emergency room visit(s)? _____ YES NO
 - e. Any allergies to medications, insects, bee stings, foods, latex (circle those that apply)? _____ YES NO
 - f. Anemia or any blood disorders? _____ YES NO
 - g. Any cause to see a physician or be under a physician's care since your last exam? _____ YES NO
2. Have you ever been advised by a physician not to participate in any sport? _____ YES NO
3. Have you had or do you currently have any of the following head related conditions since your last exam?
 - a. Concussion requiring a physician's evaluation? If yes, how often and when? _____ YES NO
 - b. Memory loss or loss of consciousness? _____ YES NO
 - c. A seizure? _____ YES NO
 - d. Frequent or severe headaches? _____ YES NO
4. Have you had or do you currently have any of the following heart related conditions since your last exam?
 - a. Chest pain or palpitations? (during exercise?) _____ YES NO
 - b. Heart murmur? _____ YES NO
 - c. High blood pressure or elevated cholesterol level? _____ YES NO
 - d. Restriction from sports for heart problems? _____ YES NO
 - e. Has any family member or relative:
 1. Died of a heart problem before age 35? _____ YES NO
 2. Died of a heart problem before age 50? _____ YES NO
 3. Died with no known reason? _____ YES NO
 4. Died during or after exercising? _____ YES NO
 5. Had Marfan's Syndrome? _____ YES NO
5. Do you take any prescribed medication or over the counter medication on a regular basis including medication for asthma? Please list under question #10. _____ YES NO
6. Do you have, need or carry any of the following (check all that apply)?
____ contact lenses, ____ eye glasses, ____ hearing aides/implant, ____ orthodontic braces
____ orthopedic/protective braces for (name body part) _____, ____ epi-pen,
____ inhaler, ____ insulin pump, ____ wear medic ID bracelet/necklace for _____
7. Have you had or do you currently have any of the following neuromuscular/orthopedic conditions since your last physical:
 - a. A burner, stinger or pinched nerve? _____ YES NO
 - b. A sprain? _____ YES NO
 - c. A strain? _____ YES NO
 - d. Swelling or pain in muscles, tendon, bones or joints? _____ YES NO
 - e. A dislocated joint(s)? _____ YES NO
 - f. Low back pain? _____ YES NO
 - g. Fracture(s) or stress fracture(s)? _____ YES NO

8. Have you had or do you have any of the following general or exercise-related conditions since your last physical:
- | | | |
|---|-----|----|
| a. Difficulty breathing (during exercise)? _____ | YES | NO |
| 1. After running 1 mile _____ | YES | NO |
| 2. Coughing, wheezing or shortness of breath in weather changes? _____ | YES | NO |
| 3. Been told you have exercise-induced asthma? _____ | YES | NO |
| 4. Experience dizziness, passing out or fainting? _____ | YES | NO |
| b. Viral infections (i.e. mono, hepatitis)? _____ | YES | NO |
| 1. Become tired more quickly than your friends? _____ | YES | NO |
| c. Any of the following skin conditions? _____ | YES | NO |
| 1. Acne, contact dermatitis, ringworm, warts, herpes, impetigo? _____ | YES | NO |
| 2. Sun sensitivity? _____ | YES | NO |
| d. Weight gain/loss (greater than or less than 10 pounds)? _____ | YES | NO |
| 1. Do you want to weigh more or less than you do now? _____ | YES | NO |
| e. Ever had feeling of depression? _____ | YES | NO |
| f. Heat-related problems (dehydration, dizziness, fatigue, headache)? _____ | YES | NO |
| 1. Heat exhaustion (cool, clammy damp skin)? _____ | YES | NO |
| 2. Heat stroke? (hot, red, dry skin) _____ | YES | NO |

9. FEMALES ONLY: Date of last menstrual cycle? _____ / _____ / _____ .

10. Explain "YES" answers here (include dates):

- I certify that the information provided herein is accurate as of the date of these signatures and give my permission to share medical information with the appropriate school personnel.
- I realize that participation in athletics involves the potential for injury, which is inherent in all sports. On rare occasions these injuries can be severe enough to result in total disability, paralysis or even death.
- I give permission for the school certified athletic trainer and or team physician to evaluate and treat any injury that may occur and I request that I be notified as soon as possible.
- I have read all the information herein and grant permission for my son/daughter to participate in _____ (sport).

Parent/Guardian: _____ Date: _____

Student Athlete: _____ Date: _____

INSURANCE INFORMATION:

The Board of Education provides insurance coverage for all participants in the interscholastic athletic program while engaging in practice, games and travel to and from games on school provided transportation. Coverage is a "full excess" plan covering any medical expense incurred by the athlete with limits of the policy. Claims must first be submitted to any family policy carrier including a major medical plan. The school policy will cover the balance of the costs *within the limits of coverage*. If an athlete has no other medical insurance the school policy becomes the "primary" coverage and will pay all medical costs within the limits of the policy. Payment of the difference is the responsibility of the athlete's parent or guardian.

SPORTS ELIGIBILITY:

Fall/Winter Sports – Students qualify for participation in fall/winter sports if they have earned 27.5 credits from the previous year (including summer school).

Spring Sports – Students must be passing 13.75 credits after the second marking period (six courses).