

**Pembroke School District
Sports Participation Health Screening Form**

In accordance with NHIAA and Pembroke School District Rules & Regulations, this form must be completed each time a student goes out for a sport.

Name: _____	Date: _____
Address: _____ _____	Phone: _____
Sport: _____	Age: _____ DOB: _____
Family Physician: _____	Phone: _____
In case of emergency: _____	Phone: _____

All students participating in interscholastic athletics must be given a physical examination by a medical doctor (or qualified non-physician health practitioner under the direction of a physician) prior to his/her involvement in our program. For students entering grade 9, a medical note dated on or after August 1st, 2007 must be on file at the school. Upper classmen choosing to participate for the first time must similarly produce a medical note dated. Prior to participation in *each sport*, all students are required to complete a medical history. The school nurse and certified Athletic Trainer will review each medical history and reserve the right to require a physician's approval to participate, for any student, based on information that may be generated by this medical history. (For purpose of this policy, participation means either practices or games.)

Health History: To be completed by athlete and parent/guardian for each sport the student participates in. (If YES to any question, please make a note on last page.)

	YES	NO
1. Have you ever had an illness that:		
a. required you to stay in the hospital?	_____	_____
b. lasted longer than a week?	_____	_____
c. caused you to miss 3 days of practice or competition?	_____	_____
d. is related to allergies? (i.e. hives, asthma, bee stings)	_____	_____
e. required an operation?	_____	_____
f. is chronic? (i.e. asthma, diabetes, epilepsy)	_____	_____
2. Have you ever had an injury that:		
a. required you to go to an emergency room or doctor?	_____	_____
b. required you to stay in the hospital?	_____	_____
c. required x-rays?	_____	_____
d. caused you to miss 3 days of practice or competition?	_____	_____
3. Do you take any medication or pills?	_____	_____
4. Has any member of your family under the age of 50 died unexpectedly?	_____	_____

5. Have you ever had any:
- a. hearing loss or difficulty with hearing? _____
 - b. hernias? _____
 - c. recurrent skin disease? _____
 - d. heat exhaustion/stroke? _____
6. Have you ever been:
- a. dizzy or passed out during or after exercise? _____
 - b. unconscious or had a concussion? _____
7. Do you have any trouble running ½ mile (twice around the track) without stopping? _____
8. Do you:
- a. wear contacts or glasses? _____
 - b. wear dental bridges, plates or braces? _____
9. Have you ever had a heart murmur, high blood pressure or a heart abnormality? _____
10. Are you missing any organs? _____

Explain any YES answers (date of injury, surgery, etc.)

INFORMED CONSENT: I, as parent/guardian of the above-named athlete, give my permission for him/her to participate in the sport listed above. I certify that the medical information requested has been answered accurately, that my son/daughter is in good health, and that permission has been given by a physician for him/her to participate in athletics. I understand that the school will not be held financially responsible for any sickness or injury that may result from athletic participation. Further, I give my permission for my son/daughter to be transported, by private vehicle operated by a faculty member/coach or by school bus, to an event, if necessary.

Date

Student/Athlete

Parent/Guardian