

Athletic Pre-Participation - Health History Screening

This form must be completed prior to participation in NDHSAA athletic events. Along with a physical examination on file at the school this Health History Screening is required in years alternating the mandated physical examination. **The parent or guarding is accountable to provide accurate information. This information will determine the need for a repeat physical.**

Health History Screening

Name _____ Sex _____ Age _____ Date of Birth _____

Address _____ Grade _____

Sport(s) you plan to participate in: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

1. The student named above has a physical record on file in the school? Y N

Any "Yes" answer on Questions 2-10 will require a physical examination unless approval by a Health Care Provider is in writing and on file to resume athletic participation.

2. Has the student been hospitalized since the above physical examination? Y N

3. Has the student had a major injury since the above physical examination? Y N

4. Has the student been found to have only one organ of usually paired organs?
(Example: only one kidney or one good eye) Y N

5. Has the student required medication on a daily or episodic routine within the past 12 months? (Example: insulin daily or asthma medication with an attack) Y N

6. Has the student been knocked unconscious, had a concussion, or had a head injury at any time within the past 12 months? Y N

7. Has the student fainted, blacked out, experience dizziness or chest pain while exercising in the past 12 months? Y N

8. Are there any weight loss or nutritional issues to consider, including self induced vomiting, over-exercising, laxative use, or diuretic use to control weight? Y N

9. Do you know of or believe there is any health reason why this student should not participate in interscholastic athletics? Y N

10. Has the student had trouble breathing or coughing during or after activity within the past 12 months? Y N

Explain "Yes" answers:

_____ I have reviewed the above Health History Screening. I find no changes from the previous year and continue to approve participation in athletic activities. A physical examination will not be required by the NDHSAA By-Laws.

_____ I find a change/changes in the Health History Screening. A physical examination is required by the NDHSAA By-Laws.

Date _____ Signature of Athlete _____

Signature of Parent/Guardian _____