

INTERIM HEALTH HISTORY

Millinocket School Department

Please complete the following form and return to the school nurse. If there are any "yes" answers, please explain at the bottom of the page.

- | | Yes | No |
|--|-------|-------|
| 1. Have there been any major injuries, surgery, or serious illnesses since the last sports exam? | _____ | _____ |
| 2. Is the athlete under the care of a physician or taking medicine now? | _____ | _____ |
| 3. Does the athlete, his or her parents, or his or her physician, feel that the athlete should be limited in sports participation? | _____ | _____ |
| 4. Are there any new allergies? | _____ | _____ |
| 5. Does the athlete wear glasses or contact lenses? | _____ | _____ |
| 6. Has there been any chest pain, dizziness, or fainting with exercise since the last sports exam? | _____ | _____ |
| 7. Females only – Has the athlete missed more than one menstrual period in the last six months? | _____ | _____ |

Athlete's Signature: _____

Parent's Signature: _____

Date: _____

Athletic Director's Signature: _____ Date: _____

Refer to Nurse Yes _____ No _____

If Yes, Nurse's Signature; _____

Determination: physical exam required: Yes _____ No _____