

**Tuckahoe Union Free School District
Health Office
Eastchester, New York 10709**

HEALTH HISTORY

Name: _____ **Grade:** _____

PARENT/GUARDIAN- Please answer the following questions regarding **your child's** Health History by checking YES or NO. **If YES, describe condition.**

Medical History:

1. yes ___ no ___ Presently taking **any** medication? List: _____
What is the medication for? _____
2. yes ___ no ___ Any **chronic or recurrent** medical conditions? _____
3. yes ___ no ___ Any surgery? _____
4. yes ___ no ___ Any missing organs other than tonsils (i.e. appendix)? _____
5. yes ___ no ___ Any **allergies/conditions that are life threatening** or affect school/sports? _____
6. yes ___ no ___ Any chest pain, dizziness, fainting, passing out during or after exercise? _____
7. yes ___ no ___ Any problem with blood pressure or heart? _____
8. yes ___ no ___ Any skin problems? _____
9. yes ___ no ___ Any fainting, convulsions, seizures, or severe dizziness? _____
10. yes ___ no ___ Asthma or trouble breathing or cough during exercise? _____
11. yes ___ no ___ Use protective eye wear or corrective lenses? _____
12. yes ___ no ___ Any significant vision or hearing problems? _____
13. yes ___ no ___ Any dental appliance such as braces, bridge, plate, retainer? _____
14. yes ___ no ___ FEMALES: Any menstrual problems? _____
15. yes ___ no ___ Any other medical concerns? _____

Sports/Injury History:

16. yes ___ no ___ Any medical concerns about participating in a sport? _____
17. yes ___ no ___ Any injuries requiring treatment by a physician? _____
18. yes ___ no ___ Any knee injuries? _____
19. yes ___ no ___ Any ankle injuries? _____
20. yes ___ no ___ Any broken bones (fractures)? _____
21. yes ___ no ___ Injuries to any other joints (shoulder, wrist, fingers) ? _____
22. yes ___ no ___ Had a cast, splint, or used crutches? _____
23. yes ___ no ___ Use special equipment for competition (pads, braces, neck roll, etc.)? _____
24. yes ___ no ___ Is it more than 5 years since child's last tetanus booster shot? _____
25. yes ___ no ___ Any neck / head injuries? _____ When? _____
26. yes ___ no ___ Any heat related problems (heat exhaustion, heat stroke)? _____

Parent/Guardian: I have reviewed the above health information. I hereby certify that the above history is accurate and current and my child does not have any medical condition that would affect participation in sport activities and / or Physical Education classes. I understand the school is not responsible for loss or damage to student's personal items, such as glasses, etc.

Parent/Guardian signature: _____ Date: _____
Student's signature: _____ Date: _____