

**O.H. PLATT HIGH SCHOOL  
HEALTH HISTORY QUESTIONNAIRE**

**HISTORY**

**School Year:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Home Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sport(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Number \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Orthopedist? \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

<b>Has the athlete had any history of the following (YES – answers, please explain below):</b>	<b>YES</b>	<b>NO</b>
1. Allergies • Does the athlete carry an epi-pen?		
2. Dizziness or Fainting (during or after exercise)?		
3. Seizures or Epilepsy?		
4. Heat Illness?		
5. Diabetes? • Insulin Dependent?		
6. Anemia?		
7. Hemophilia		
8. Hernia?		
9. Infectious Mononucleosis (in the past 6 months)?		
10. Eating Disorder?		
11. Current Medications?		
12. Hearing Impairment?		
13. Asthma? • Does the athlete carry an inhaler?		
14. Surgery?		
15. Foot or Ankle Injury?		
16. Shin Splints?		
17. Knee Injury?		
18. Hip or Pelvis Injury?		
19. Rib Injury?		
20. Back Pain or Injury?		
21. Neck Injury?		
22. Shoulder Injury?		
23. Elbow Injury?		
24. Hand or Wrist Injury?		
25. Muscle Strains?		
26. Fractures?		
27. Concussion or other Head/Facial Injury?		
28. High or Low Blood Pressure? (if yes circle one)		
29. Heart Murmur, Palpitations, or Irregular Heartbeat?		
30. Any other Heart Conditions?		
31. Chest Pain or Pressure with Exercise?		
32. More Shortness of Breath than his/her Friends?		

**Explain “Yes” answer:** \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are correct. I assume all responsibility for notifying the school of any change in my medical information or child's health both before and during participation in the sport(s).

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Student-Athlete** \_\_\_\_\_ **Date** \_\_\_\_\_