School Name: Grade (check):	*							
School Name: Grade (check): 7 8 9 10 11 12 Limitations: NO YES Sport	Interv	al He	alth	History for A	thletics			
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wision in one eye? Have an ongoing medical condition? If yes, check all that apply: Seizures Sickle cell trait or disease Digestive (GI) HEALTH No YES	congenital deafness?			1 1				
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□ Seizures □ Sickle cell trait or disease □ Other: Have Allergies? If yes, check all that apply □ Food □ Insect Bite □ Latex □ Medicine □ Pollen □ Other: Ever had anaphylaxis? Carry an epinephrine auto-injector? BRAIN/HEAD INJURY HISTORY Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told they had a concussion? Receive treatment for a seizure disorder or epilepsy? Ever had migraines? DIGESTIVE (GI) HEALTH Have stomach or other GI problems? Ever had an eating disorder? Have a special diet or need to avoid certain foods? Are there any concerns about your child's weight? Ever been unable to move their arms or legs or had tingling, numbness, or weakness after being hit or falling? Ever had an injury, pain, or swelling of a joint that caused them to miss practice or a game? Have a bone, muscle, or joint that bothers them? Have a bone, muscle, or joint that bothers them? Have joints that become painful, swollen, warm, or red with use?	☐ Asthma ☐ Diabetes			1 1	-	· · · · · · · · · · · · · · · · · · ·		
Other:	1			The second secon	The state of the s		L' Phone	AND STREET, IN
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	Ever had migraines?			The state of	•	i, swollen, warm,		
	-	700	200 12.21			ress fracture?	\vdash	

Student Name:		DOB:		
POSTAGO CONTRACTOR AND AND CONTRACTOR AND CONTRACTO				
DOES OR HAS YOUR CHILD		Does or Has Your Child		
HEART HEALTH		FEMALES ONLY	No	YES
Ever complained of:		Have regular periods?		
Ever had a test by a health care provider for their		MALES ONLY	No	YES
heart (e.g., EKG, echocardiogram, stress test)?		Have only one testicle?	m	
Lightheadedness, dizziness, during or after exercise?		Have groin pain or a bulge, or a hernia?		
Chest pain, tightness, or pressure during or	-	SKIN HEALTH	No	YES
after exercise?		Currently have any rashes, pressure sores, or	-	
Fluttering in the chest, skipped heartbeats,		other skin problems?		
heart racing?		Ever had a herpes or MRSA skin infection?		
DOES OR HAS YOUR CHILD		COVID-19 INFORMATION	2000	
NAME OF THE PARTY		Has your child ever tested positive for		,
Ever been told by a health care provider	A PROPERTY	COVID-19?		L
They have or had a heart or blood vessel		If NO, STOP. Go to Family Heart Health Hi	istory	
problem?		If YES, answer questions below:		
If yes, check all that apply:		Date of positive COVID test:		
☐ Chest Tightness or Pain ☐ Heart infec		Was your child symptomatic?		
☐ High Blood Pressure ☐ Heart Mur	Did your child see a health care provider for			
☐ High Cholesterol ☐ Low Blood	their COVID-19 symptoms?			
🔲 New fast or slow heart rate 💢 🗆 Kawasaki (Was your child hospitalized for COVID?	1		
☐ Has implanted cardiac defibrillator (ICD)	Was your child diagnosed with Multisystem	F	,	
Has a pacemaker	Inflammatory Syndrome (MISC)?			
Other:				00 m
FAMILY HEART HEALTH HISTORY		是是是这种的。 第二章		
A relative has/had any of the following:				
Check all that apply:		☐ Brugada Syndrome?		
☐ Enlarged Heart/ Hypertrophic Cardiomyopa	thy/ Dilated	☐ Catecholaminergic Ventricular Tachycardi	a?	
Cardiomyopathy		☐ Marfan Syndrome (aortic rupture)?		
Arrhythmogenic Right Ventricular Cardiomy	☐ Heart attack at age 50 or younger?			
Heart rhythm problems: long or short QT in	☐ Pacemaker or implanted cardiac defibrillator (ICD)?			
A family history of:		- Pacemaker of implanted cardiac defibrilla	tor (II	CD)?
	h hafara aa	EO2 Ctrustural boom - burner 19		
Unovalained fainting sciences described	ii belore age	e 50? Structural heart abnormality, repaired or	unrep	paired
Unexplained fainting, seizures, drowning, n	ear drownir	ng, or car accident before age 50?		
If you answared NO +	0 011 0000	etions STOD Ci 1 1 - 1 2		
ii you allswered NO to	o <u>au</u> ques	stions, STOP . Sign and date below.		
GU to page 3	ıı you an	swered YES to a question.		
Poront/Cuardian				
Parent/Guardian				
Signature:		Date:		

Name:		DOB:	
,,,,,,,,,,,		JOB.	
	If you answered YES to any questions give details. Sign and da	ate belo	W.
			
<u>.</u>			
Parent/Gua Signa		Date	