

**Berlin Jr/Sr High School**  
**Interscholastic Sports Form**  
**Berlin, NY 12022**

**Name:** \_\_\_\_\_  
**Sport:** \_\_\_\_\_  
**Homeroom:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_

## **HEALTH HISTORY & TREATMENT FORM**

The student and a parent or guardian, in order for the student to participate in athletic activities, must complete this medical history form prior to participating in any sports practices or games. These questions are designed to determine if the student has developed any condition that would make it hazardous to participate in an athletic event.

- |   |     |    |
|---|-----|----|
| 1. Are you currently under a doctor's care?                                     | YES | NO |
| 2. During the past 12 months have you had:                                      |     |    |
| a. Any hospitalizations or surgeries?   | YES | NO |
| b. Any injuries requiring medical attention?                                    | YES | NO |
| c. Any illnesses lasting more than one week?                                    | YES | NO |
| 3. Do you take medication on a regular basis?                                   | YES | NO |
| 4. Any allergies to medications or insect stings?                               | YES | NO |
| 5. Have you ever had a concussion or been knocked unconscious?                  | YES | NO |
| 6. Ever had a convulsion or seizure?  | YES | NO |
| 7. Has any family member had sudden death or heart attack before age 50?        | YES | NO |
| 8. Have you had any heart disease, murmur, extra beats, or high blood pressure? | YES | NO |
| 9. Have you ever been dizzy or passed out from exercise?                        | YES | NO |
| 10. Any organs missing (kidney, testicle, eye, etc)?                            | YES | NO |
| 11. Any joint injuries (fractures, sprains, dislocations)?                      | YES | NO |
| 12. Any chemical or substance use?  | YES | NO |
| 13. Any menstrual irregularities (females)?                                     | YES | NO |

14. Have you ever induced vomiting, or engaged in binge eating or purging? YES NO

15. Have you ever been disqualified from participation? YES NO

16. Please explain any "YES" responses: \_\_\_\_\_  
\_\_\_\_\_

17. While competing do you wear:

a. Glasses YES NO

b. Contacts YES NO

18. Do you wear any removable dental appliance (bridge, plate, retainer)? YES NO

In the event of an emergency requiring medical attention, I hereby grant permission to the a physician or other hospital personnel designated by the Berlin Central School District Coaching Staff to attend to my son/daughter \_\_\_\_\_.  
(Full Name)

I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

Contact Information:

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only:**

Date of last tetanus shot: \_\_\_\_\_ Date of last school physical: \_\_\_\_\_

Reviewed By: Nurse: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Coach: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)