



Cardinal O'Hara

HIGH SCHOOL

UPDATE - Athletic Health History for Sports Participation

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted, unless the student received a full medical examination within 30 days of the start of the season.

Name of Student: _____ Grade: _____ Date of Birth: _____

Sport: _____ Level: Varsity JV Frosh Modified

TO BE COMPLETED BY PARENT/GUARDIAN

Note: "YES" to any of the following questions does not mean automatic disqualification from the athletic activity indicated above. However, it will require a review and approval by the school examiner before the student can report to practice or tryouts. The answers to the questions on this form will be held in the school health office and will be kept confidential. Coaches will be informed of any significant medical information.

	YES	NO
Has your child had any injuries requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had any illness lasting more than five (5) consecutive days?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child taking medicine or under a physician's care at this time?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child experienced any feeling of faintness, dizziness or fatigue after exercise or exertion?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a change regarding the wearing of glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had any surgical operations or fractures?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child received treatment in a hospital or emergency room?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child developed any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any chronic diseases or asthma?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
COVID-19 INFORMATION Has your child ever tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Was your child symptomatic?	<input type="checkbox"/>	<input type="checkbox"/>
Did your child see a healthcare provider (HCP) for their COVID-19 symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Did your child have any cardiac symptoms (new fast or slow heart rate, chest tightness or pain, blood pressure changes, or HCP diagnosed cardiac condition?) If yes, please provide additional information.	<input type="checkbox"/>	<input type="checkbox"/>
Was your child hospitalized? If yes, provide date(s).	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is your child under a HCP's care for this?	<input type="checkbox"/>	<input type="checkbox"/>

Use the space below to explain any "YES" answers

PARENTAL PERMISSION

I, the undersigned, clearly understand that these questions are asked in order to decide if my child can safely participate on the athletic team named on this form. The answers are correct as of this date and he/ she has my permission to participate.

Signature of Parent/Guardian: _____ Date: _____