

**ARLINGTON CENTRAL SCHOOL DISTRICT**  
**Athletic Health History**

Current Grade \_\_\_\_\_

Name \_\_\_\_\_  
 (LAST) (FIRST)

Date of Birth \_\_\_\_\_

**For Parent or Guardian:**

1. Complete and sign the health history below.
2. (NOTE: Students using an inhaler or Epi Pen **must** submit a doctor's order and parental signature for the 2004 -2005 school year to the Health Office! *The inhaler order **must** clearly state that the student may carry it and self-administer.*)

	NO	YES	Explain "YES" answers & give Dates of Injury/Illness
<b>Does your child have:</b>			
A chronic illness			
Any allergies			
Asthma			
Diabetes			
Only one eye			
Only one kidney			
Seizure disorder/convulsions			
Heart murmur/problem/chest pain			
Hernia			
False/capped teeth			
Fainting problems			
Back problem/back injury			
Knee/ankle problems/injury			
<b>Has your child:</b>			
Had a doctor's excuse for gym/sports in the past 6 months			
Been sick over 1 week			
Had a concussion			
Had a fracture			
Had a dislocation			
Been in the hospital overnight			
Had a surgical operation			
<b>Does your child:</b>			
Wear glasses/contact lenses for sports			
Take medication daily			
Use an Epi Pen or an Inhaler -----			
Have a family history of anyone with a heart attack under the age of 50			
<b>For Males Only:</b>			
Does your son have only one testicle?			
<b>For Females Only:</b>			
Age menses began			
Are menses regular?			

--- A written doctor's order **must** be given to the Health Office for 2004 - 2005. Inhaler order **must** clearly state that the student may self administer it.

I understand that my child must be examined by the school physician or associate for interscholastic sports. I understand that these questions are asked to determine if he/she is in proper condition to try out/participate. "Yes" answers to any of these questions do not mean automatic disqualification from athletic activities.

Signature of Parent/Guardian: _____	Date: _____
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**DUE BY FRIDAY, OCTOBER 8, 2004!**