## The Berkeley Carroll School

## Pre-Participation/Interval Athletic History

Prior to the start of the each sport season, a health history review for each student-athlete must be conducted by their parent/guardian (this form does not require a doctors signature).

ate of Birth://_ Sport:				Age:			te://_ dent Name:
THE FOLLOWING MUST BE COMPLETED BY PARENT OR GUARDIAN wer questions below to indicate if your child has ever had the following and provide details to any yes answer on the light:  Question  As a doctor of nurse practitioner (a) healthcare provider) ever restricted his/her participation in sports for any reason?  Does she have an ongoing medical condition? Please check below:  As shima  Does she leave:  Sickle Cell Trait  Ouestion  As she ever bed usingery?  Has she ever spent the night in a hospital?  Has she have a life threatening allergy?  Please check below:  As the have a life threatening allergy?  Please check below:  Does she have a life threatening allergy?  Please check below:  As she ever bead usingery?  Please check below:  The food  Does she have a life threatening allergy?  Please check below:  As she ever bead out during or after  Does she carry an Epi-pen (epinephrine)?  Has she ever complained of flight headedness on dizziness during or after exercise?  Has she ever morplained of flight headedness on dizziness during or after exercise?  Has she ever complained of fluttering in their chest, skipped beats, or their heart racing, or does she have a pacemaker?  Has a healthcare provider ever ordered a test for his/her heart? (i.e. EKG, echocardiogram, stress test)  Has she been told she has a heart condition or problem?  Has she ever than high or low blood pressure?  Does she have a pucemaker?  Has she ever had high or low blood pressure?  Does she have a procentifion medications?  Does she have a pacemaker?  Does she have a procentifion medications?  Does she have a pacemaker?  Does she have a procentifion medications?  Does she have a pacemaker?  Does she have a procentifion medications?  Does she have a pacemaker?  Does she have a p							
THE FOLLOWING MUST BE COMPLETED BY PARENT OR GUARDIAN  wer questions below to indicate if your child has ever had the following and provide details to any yes answer on the li  DTE: A "YES" response to any of these questions does not mean automatic disqualification from activity. However, it may re approval by a physician before the student can participate.)    Question				<b>Sport:</b>			e of Birth:/
wer questions below to indicate if your child has ever had the following and provide details to any yes answer on the lighter of the student can participate.)    Question			<u> </u>	Limitations:			vel: Varsity/Junior Varsity
Boes she wheeze or cough frequently during or after exercise?   Has a healthcare provider) ever restricted his/her participation in sports for any reason?   Does she have an ongoing medical condition?   Please check below:	uire a re		e details to any yes answer on th	llowing and provide omatic disqualification	ver had the snot mean pate.)	ld has ev ons does n partici	wer questions below to indicate if your ch TE: A "YES" response to any of these quest approval by a physician before the student ca
healthcare provider) ever restricted his/her participation in sports for any reason?  Does s/he have an ongoing medical condition?  Please check below:  Asthma Diabetes Sickle Cell Trait  Does s/he use or carry an inhaler or nebulizer?  Has s/he ever scome ill while exercising in hot weather?  Is s/he on a special diet or have to avoid certain foods?  Does s/he have a life threatening allergy?  Please check below:  Medication Food Pollen Latex Insect bites Other Does s/he have a life threatening allergy?  Please check below:  Medication Food Does s/he have a life threatening allergy? Please check below:  Medication Food Does s/he have a life threatening allergy? Please check below:  Medication Food Does s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had concussion?  Boes s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had encoursion?  Boes s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had encoursion?  Boes s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had encoursion?  Boes s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had an it to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had had that caused a headache, dizziness, nausea, or confusion, or been told s/he had had that caused him exercise?  Has s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had a lit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had had that caused him exercise?  Has s/he ever had a hit to the head that caused him exercise?  Has s/he ever had hit to the head that caused him exercise?  Bas s/he ever thad hit plant falling.  Has/he ever had a ninjury, pain or swelling of a joint that caused him/her to miss a prac			wheeze or cough frequently during		+		
Bas she have an ongoing medical condition? Please check below: Seizures Sickle Cell Trait Other Has she ever become ill while exercising in hot weather? Its she over take a hit to the head that caused a headache, dizzines, nausea, or confusion, or been told she had a concussion? Its she over had a nique she with exercise? Its she over had a seizure? Its she over passed out during or after exercise? Its she over passed out during or after exercise? Its she over passed out during or after exercise? Its she over complained of fluttering in their chest, skipped beats, or their head headeness or other have a pacemaker? Its she over complained of fluttering in their chest, skipped beats, or their head high or low blood pressure? Its she over had high or low blood pressure? Its she over had high or low blood pressure?		mg					
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Sizures   Sickle Cell Trait		in	er become ill while exercising in	Has s/he ev			
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Has s/he ever spent the night in a hospital? Has s/he had any illness lasting more than (5) days?  Does s/he have a life threatening allergy? Please check below: Medication Food Pollen Latex Insect bites Other Does s/he carry an Epi-pen (epinephrine)? Has s/he ever passed out during or after exercise? Has s/he ever complained of light headedness or dizziness during or after exercise? Has s/he ever complained of chest pain, tightness or pressure during or after exercise? Has s/he ever complained of fluttering in their chest, skipped beats, or their heart racing, or does s/he have a pacemaker? Has s/he ever complained of light heard a test for his/her heart? (i.e. EKG, echocardiogram, stress test) Has s/he ever had high or low blood pressure? Does s/he take any prescription medications?  e explain fully any question you answered yes to in the space below. (Please print clearly, and provide dates if known):					$\top$		
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Does s/he have a life threatening allergy?							
Please check below:  Medication Food Pollen Latex Insect bites Other Does s/he currently being treated for a seizure? Its s/he ever had a seizure? Its s/he ever had a seizure? Its s/he ever been unable to move his/her arms and leg, or had tingling, numbness, or exercise? Has s/he ever complained of light headedness or dizziness during or after exercise? Has s/he ever complained of chest pain, tightness or pressure during or after exercise? Has s/he ever complained of fluttering in their chest, skipped beats, or their heart racing, or does s/he have a pacemaker? Has a healthcare provider ever ordered a test for his/her heart? (i.e. EKG, echocardiogram, stress test) Has s/he ever had his/her load injury, pain or swelling of a joint that caused him/her to miss a practice or game? Does s/he have a pacemaker? Does s/he have a paremaker? Does s/he have a paremaker? Does s/he have a paremaker? Has s/he ever had a heart condition or problem? Has s/he ever had his/her load test for a seizure disorder or epilepsy? Has s/he ever had an injury, pain or swelling of a joint that caused him/her to miss a practice or game? Does s/he use a brace, orthotic or device? Does s/he have any problems with his/her vision or only have vision in one eye? Does s/he have any problems with his/her vision or only have vision in one eye? Does s/he wear glasses or contacts? Has s/he ever had a hernia? Does s/he have a pleeding disorder? Does s/he have a pleeding disorder? Does s/he have any provide dates if known):		n, or					days?
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e explain fully any question you answered yes to in the space below. (Please print clearly, and provide dates if known):			and any omenic disease:	DOCS 5/11C 11			
ENTAL PERMISSION:		vn):	ly, and provide dates if known):	v. (Please print clear)	he space b	es to in t	e explain fully any question you answered
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