Medical History Questionnaire
TO BE COMPLETED BY PARENT

STUDENT'S NAME____ ______DOB___________
(*If you answer yes to any of the following questions please provide an explanation on the back of the page.)*

	YES	NO
Does your child have any significant medical history?	☐	☐
Is your child currently under treatment by a physician for any active medical problem? If you answered YES, please explain. ____		
Does your child have a single *paired* organ(s) e.g. kidney, testicle, vision one eye	☐	☐
Has your child ever been hospitalized? ____	☐	☐
Has your child ever had surgery?____	☐	☐
Does your child take medication regularly? ____	☐	☐
If yes, medication and reason____	☐	☐
Does your child have any allergies to foods, insects and/or environmental? _______________ ____	☐	☐
Has your child ever been diagnosed with a concussion?	☐	☐

IF YOU ANSWER YES TO QUESTIONS # 1 and/or # 2 BELOW, YOUR CHILD MUST RECEIVE CARDIAC CLEARANCE

1. Does your CHILD have a history of any of the following	( )	( )
• **Unexplained fainting or near fainting**	( )	( )
• **Chest pain/discomfort on exertion**	( )	( )
• **Excessive and unexplained fatigue associated with exercise**	( )	( )
• **Heart murmur (other than innocent murmur)**	( )	( )
• **High blood Pressure**	( )	( )
2. Is there a FAMILY history of any of the following?		
• **One or more relatives who died of heart disease (sudden/unexpected or otherwise) before age 50**	( )	( )
• **Close relative under age 50 with disability from heart disease.**	( )	( )
• **Specific knowledge of certain cardiac conditions in family members including hypertrophic or dilated cardiomyopathy**	( )	( )
• **Long QT syndrome, Marfan syndrome or clinically important arrhythmias**	( )	( )

Are there any other information or health concerns that the school should be aware of in order to safeguard your child's health? (Please explain). ____

I understand that this confidential information will be shared with the school personnel deemed appropriate by the health professional in my child's building.

Parent/Guardian Signature:
____Date:___________

****PLEASE ATTACH STUDENT'S PHYSICAL TO THIS FORM****