

Dr. Lewis S. Libby School Health History Update Form

To be completed by parents/guardians if a student's physical exam is already on file in the school office from a previous year.

Student's Name _____ Grade _____ Age _____

Home Address _____

Parent or Guardian's Name _____ Telephone # _____

In Case of Emergency Call _____ Telephone # _____

Family Physician _____ Telephone # _____

Date of Last Medical Exam _____

In the past year: (please circle)

1. Have any members of your family under the age of 50 had a heart attack? Yes No
2. Has your child ever passed out while exercising? Yes No
3. Has your child had to stop running after ½ mile? Yes No
4. Has your child ever been unconscious? Yes No
5. Has your child had an injury requiring medical attention? Yes No
6. Has your child sprained, strained, dislocated, broken, or had surgery on any of the following bones or joints? (please circle)

Neck	Wrist	Hip	Foot	Ribs	Clavicle
Hand	Thigh	Knee	Back	Leg	Forearm
Elbow	Pelvis	Ankle	Shoulder	Humerus	Other

7. Has your child had any illness lasting more than one week or requiring more than one visit to the physician? Yes No
8. Is your child currently taking medication? Yes No
9. Has your child had to stay overnight in the hospital? Yes No

Please explain any "yes" answers to the above questions

My child has no health problems, which would interfere with his/her participation in sports activities.

Date _____ Signature of Parent of Guardian _____

