

INTERVAL HEALTH HISTORY

Please complete form and submit to **NURSE**, prior to sports tryout.

Student Name: _____ Grade: _____
 Sport: _____ V JV F Modified (Circle One)
 DOB: _____ Home Phone: _____
 Name of Parent/Guardian: _____
 Address and Zip Code: _____
 Mom's cell: _____ Dad's cell: _____
 Parent email: _____
 Emergency contact name (not parent): _____
 Emergency contact phone: _____ Cell: _____
 Physician's name: _____ Phone: _____
 Dentist's name: _____ Phone: _____
 Orthodontist's name: _____ Phone: _____

Participation in sports involves a certain risk for injury. Injury can occur in any sport and vary in nature. Injuries can be minor such as bruises and scrapes or they can be more severe, such as fractures, dislocations, concussions, paralysis and even fatalities. I have carefully read and understand the questions. To the best of my knowledge there is no existing condition that should exclude my son from athletic participation. My signature constitutes my permission for my son to participate in the above named sport. I understand that the School does not assume responsibility for lost or broken corrective lenses or orthodontic devices. In the event of an emergency, my signature constitutes permission for my son to receive medical evaluation and treatment to ensure his health and safety.

If your child is currently under the care of a physician or has an existing illness or injury, he must provide a note of clearance for sports participation from his private physician.

Parent Signature: _____ Date: _____

I have read and understand the concussion return to play protocol.
 (*Concussion protocol is on the Athletic website under Health Forms/Other.)

Parent Signature: _____ Date: _____

I give my son permission to drive/ride with another player or coach to activities related to the above sport.

Parent Signature: _____ Date: _____

INTERSCHOLASTIC ATHLETIC POLICY ON DRUGS AND ALCOHOL

We hereby agree to the terms of McQuaid Jesuit's Interscholastic Athletic Policy on Drugs and Alcohol.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

McQUAID JESUIT SPORTS PHYSICAL FORM

Complete the following questions; explain below if needed.

YES	NO	
_____	_____	Any illness or injury since last check up?
_____	_____	Any surgery or overnight hospitalization?
_____	_____	Allergies to medications, insects, food, latex?
_____	_____	Currently taking medications, supplement (prescription or over the counter), or using inhaler?
_____	_____	Missing organ (eye, kidney and/or testicle)?
_____	_____	Chest pain, racing heart, dizziness, fainting with exercise?
_____	_____	Family history of heart problems or death before age 50?
_____	_____	Head injury, unconsciousness or concussion?
_____	_____	Have you had a baseline concussion test for a sport this academic year?
_____	_____	Severe viral infection (mono, myocarditis) in last month?
_____	_____	Chronic cough, wheeze, trouble breathing or Asthma?
_____	_____	Convulsions, seizures?
_____	_____	Heatstroke/Exhaustion?
_____	_____	Wear glasses, contact lenses, braces, dental bridges?
_____	_____	Any contagious skin conditions?
_____	_____	Broken bones, joint injuries, muscle/tendon problems?
_____	_____	Compromised hearing or problems with hearing?
_____	_____	Numbness/tingling in extremities? Or swelling/pain?
_____	_____	Any special equipment or devices not usually used in your sport (knee brace, foot orthotics, etc.)?
_____	_____	Abdominal problems or unexplained weight change?
_____	_____	Lose weight regularly for your sport?
_____	_____	Special diet/eating disorder? Laxatives/diuretics?
_____	_____	Ever been restricted from sports by a physician?

Explain any of the above: _____

COVID-19 INFORMATION

YES	NO	
_____	_____	1. Has your child ever tested positive for COVID-19?
_____	_____	2. Was your child symptomatic?
_____	_____	3. Did your child see a healthcare provider (HCP for their COVID-19 symptoms)?
_____	_____	4. 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 attach additional information.
_____	_____	5. Was your child hospitalized? Provide dates if yes: _____
_____	_____	6. If hospitalized, was child diagnosed with Multisystem Inflammatory Syndrome (MISC)? If yes to question 6, was child under a HCP's care for this?