

Have you had or do you now have:

Hernia . . . . .	Yes	No
Kidney problems . . . . .	Yes	No
Loss of function or absence of testicles . . . . .	Yes	No
Menstrual problems . . . . .	Yes	No
Age of onset of menstruation _____		
Diabetes (high sugar in blood or urine ) . . . . .	Yes	No
Tendency to bleed or bruise easily. . . . .	Yes	No
Anemia (tired blood) . . . . .	Yes	No
Hay fever . . . . .	Yes	No
Hives or rash . . . . .	Yes	No
Bee sting reactions (allergy) . . . . .	Yes	No
Heart trouble or murmur . . . . .	Yes	No
High blood pressure . . . . .	Yes	No
Persistent cough . . . . .	Yes	No
Chest pain with exercise . . . . .	Yes	No
Dizziness or faintness with exercise . . . . .	Yes	No
Recurrent rash . . . . .	Yes	No
Fungus infection . . . . .	Yes	No
Athlete's foot . . . . .	Yes	No
Recurrent boils (skin infections). . . . .	Yes	No
Foot problems . . . . .	Yes	No
To wear a cast . . . . .	Yes	No
Other joint problems, e.g. swelling, pain, decreased range of motion . . . . .	Yes	No
Bone infection . . . . .	Yes	No

Have you had or do you now have:

Broken bones . . . . .	Yes	No
What - When _____		
Joint dislocation . . . . .	Yes	No
What - When _____		
Knee injury . . . . .	Yes	No
What - When _____		
Ankle injury . . . . .	Yes	No
What - When _____		

Do you take medicine regularly . . . . Yes No \_\_\_\_\_

Do you take medicine for emergency use? Yes No \_\_\_\_\_

I have assisted my student in the completion of this form and verify its contents as noted. \_\_\_\_\_

Signed Parent/Guardian

Date