

**ELMSFORD UNION FREE SCHOOL DISTRICT  
ALEXANDER HAMILTON HIGH SCHOOL  
ATHLETIC HEALTH HISTORY FORM**

Athlete's Name: \_\_\_\_\_

Physical to be conducted on \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sports Activities**

Please list any sports you **do not** wish your child to participate in.

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**HEALTH HISTORY.  
TO BE COMPLETED BY PARENT OR GUARDIAN**

Has your child ever had: (please check)

	Yes	No		Yes	No
Allergies, Hay Fever	↑	↑	Elevated Blood Pressure	↑	↑
Bee Sting Allergy	↑	↑	Headaches	↑	↑
Asthma	↑	↑	Concussion/Head Injury	↑	↑
Anemia	↑	↑	Heart Problems/Murmur/Chest Pains	↑	↑
Bladder/Kidney Problems	↑	↑	Nose Bleeds/Frequent or Severe	↑	↑
Convulsions/Seizures	↑	↑	Ankle Injury	↑	↑
Diabetes	↑	↑	Fracture Dislocation	↑	↑
Ear Problem/Hearing Loss	↑	↑	Injury/Knee Pain	↑	↑
Eye Problems/Vision Loss	↑	↑	Neck Injury	↑	↑
Spleen Injury	↑	↑	Nose Fracture	↑	↑
Join Sprain	↑	↑	Rheumatic Fever	↑	↑
Fainting Spells	↑	↑	Stomach Ulcer	↑	↑

**Yes    No**

Is your child assigned to the Adaptive Physical Education Program,  
or has your child ever been in an Adaptive Physical Education Program.

↑    ↑

Has your child been unconscious or lost memory from a blow to the head.

↑    ↑

**All questions answered "Yes" must be explained on the back of this page.**

Over >>>

