

Pittsburgh Public Schools
Health Survey
For Elementary School Athletic Competition

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
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PARENT or GUARDIAN: Mother Father Guardian (relationship) _____

Name _____

Home Address _____ Phone _____

Place of Employment _____ Phone _____

PERSON LOOKING AFTER CHILD DURING DAY/AFTER SCHOOL:

Name _____

Address _____ Phone _____

RELATIVE/FRIEND TO CONTACT IN EMERGENCY WHEN ABOVE PEOPLE CANNOT BE CONTACTED:

Name _____

Address _____ Phone _____

SCHOOL HEALTH NEEDS

It would be helpful to have the following information so that the school can immediately meet any special health needs of your child.

Does your child have any special health needs or problems the school should know?

Yes () No ()

What? _____

Is there any reason why your child should **not** participate in regular gym classes or interschool athletic activities? Yes () No ()

Explain _____

SUPPLEMENTAL HEALTH HISTORY:

Explain "Yes" answers at the bottom of this form. Circle questions you don't know the answers to.

1. Since completion of your most recent physical, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine?

- Yes
- No

2. Since completion of your most recent physical, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?

- Yes
- No

3. Since completion of your most recent physical, have you experienced dizzy spells, blackouts, and/or unconsciousness?

- Yes
- No

4. Since completion of your most recent physical, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain?

- Yes
- No

5. Since completion of your most recent physical are you taking any NEW prescription medicines or pills?

- Yes
- No

6. Do you have any concerns that you would like to discuss with a physician?

- Yes
- No

Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature _____

Date ____/____/____