Save File

Please save file and attach completed form in an email to:
Grades 9-12: HSsportshealth@bethlehemschools.org
Grades 6-8: MSsportshealth@bethlehemschools.org

Bethlehem Central School District Sports Health Update Form - Page1 of 2

This form must be completed WITHIN 30 DAYS prior to the start of the designated sport season.

Student Name:		DOB:	
School Name:		Age:	
Grade (check): ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12		Level (check): ☐ Modified ☐ Fresh ☐ JV ☐ Varsity	
Sport:		Limitations: ☐ Yes ☐ No	
Name of Physician:		Date of last health exam:	

Health History To Be Completed By Parent/Guardian, Provide Details To Any Yes Answers On Back.

Any medications to be taken at practice and/or athletic event will require the proper paperwork, contact school with questions.

Has/Does your child:

General Health Concerns	Yes	No
1. Ever been restricted by a doctor, PA, or nurse practitioner from sports participation for any reason within the last 12 months?		
2. Have an ongoing medical condition?		
Select any that apply. Provide further information on Page 2. ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Sickle Cell trait or disease ☐ Other		
3. Ever had surgery?		
4. Ever spent the night in a hospital?		
5. Been diagnosed with Mononucleosis within the last month?		
6. Have only one functioning kidney?		
7. Have a bleeding disorder?		
8. Have any problems with his/her hearing or wears hearing aid(s)?		
9. Have any problems with his/her vision or has vision in only one eye?		
10. Wear glasses or contacts?		
Allergies	**Yes**	**No**
11. Have a life threatening allergy?		
Select any that apply. Provide further information on Page 2. ☐ Food ☐ Insect Bite ☐ Latex ☐ Medicine ☐ Pollen ☐ Other		
12a. Carry an epinephrine auto-injector?		
12b. Current order on file in health office?		
Breathing (Respiratory) Health	**Yes**	**No**
13. Ever complained of getting more tired or short of breath than his/her friends during exercise?		
14. Wheeze or cough frequently during or after exercise?		
15. Ever been told by their health care provider they have asthma?		
16a. Use or carry an inhaler or nebulizer?		
16b. Current order on file in health office?		

Has/Does your child:

Concussion/ Head Injury History	Yes	No
17. Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told he/she had a concussion?		
18. Have you ever had a head injury or concussion? *Provide date & further information on Page 2.*		
19. Ever had headaches with exercise?		
20. Ever had any unexplained seizures?		
21. Currently receive treatment for a seizure disorder or epilepsy?		
Devices/Accommodations	**Yes**	**No**
22. Use a brace, orthotic, or other device?		
23. Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)? If yes there may be need for another required form to be filled out.		
24. Wear protective eyewear, such as goggles or a face shield?		
Family History	**Yes**	**No**
25. Have any relative who's been diagnosed with a heart condition, such as a murmur, developed hypertrophic cardiomyopathy, Marfan Syndrome, Brugada Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
Females Only	**Yes**	**No**
26. Begun having her period?		
27. Age periods began:		
28. Have regular periods?		
29. Date of last menstrual period:		
Males Only	**Yes**	**No**
30. Have only one testicle?		
31. Have groin pain or a bulge or hernia in the groin?		

Bethlehem Central School District Sports Health Update Form - Page 2 of 2

Student Name:

School Name: DOB:

Has/Does your child:		
Heart Health	**Yes**	**No**
32. Ever passed out during or after exercise?		
33. Ever complained of light headedness or dizziness during or after exercise?		
34. Ever complained of chest pain, tightness or pressure during or after exercise?		
35. Ever complained of fluttering in their chest, skipped beats, or their heart racing, or does he/she have a pacemaker?		
36. Ever had a test by their medical provider for his/her heart (e.g. EKG, echocardiogram stress test)?		
37. Ever been told they have a heart condition or problem by a physician?		

Select any that apply. Provide further information on Page 2.

- Heart infection
- Heart Murmur
- High Blood Pressure
- Low Blood Pressure
- High Cholesterol
- Kawasaki Disease
- Other:

Injury History	**Yes**	**No**
38. Ever been diagnosed with a stress fracture?		

Has/Does your child:		
Injury History *continued*	**Yes**	**No**
39. Ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?		
40. Ever had an injury, pain, or swelling of joint that caused him/her to miss practice or a game?		
41. Have a bone, muscle, or joint injury that bothers him/her?		
42. Have joints become painful, swollen, warm, or red with use?		
Skin Health	**Yes**	**No**
43. Currently have any rashes, pressure sores, or other skin problems?		
44. Have had a herpes or MRSA skin infections?		
Stomach Health	**Yes**	**No**
45. Ever become ill while exercising in hot weather?		
46. Have a special diet or have to avoid certain foods?		
47. Have to worry about his/her weight?		
48. Have stomach problems?		
49. Have you ever had an eating disorder?		

COVID-19 Information	Yes	No
50. Has your child ever tested positive for COVID-19?		
51. Has your child's healthcare provider completed the BCSD "Covid-19 Return to Play Form for Athletes"?		
52. Has the "COVID-19 Return to Play for Athletes" Form been submitted to your child's school health office?		
53. Has your child completed a COVID-19 vaccine series?		
54. Has your child received a COVID-19 vaccine booster?		

Briefly provide details to any question you answered "yes" to in the limited space below. Provide dates, if possible

- If my child requires emergency medications, i.e., epinephrine, inhaler, or glucagon, I understand that I must provide medication order(s) for the school year before the sport season starts.
- I have completed and submitted the "Interscholastic Athletics Parent/Guardian Consent Form" to the Health Office.

Parent/Guardian Signature: _____ Date: _____

Please save file and attach completed form in an email to: Grades 9-12: HSsportshealth@bethlehemschools.org
Grades 6-8: MSsportshealth@bethlehemschools.org

Save File

Approved by BCSD School Physician:_____ Date: ___/___/____