



HEALTH HISTORY FORM

Desert Christian Schools

7525 E. Speedway * Tucson, AZ 85710 * DCHS (520) 298-5817 * DCMS (520) 795-7161

This form is required for all 6th grade, 9th grade and all new students. Due prior to the start of the school year.

STUDENT NAME _____ SEX _____ DATE OF BIRTH _____ GRADE _____

Parent/Guardian Name(s) _____ Phone(s) _____ Today's Date _____

YES NO

[] [] 1. Have you ever been medically advised not to participate in any sport?

If yes, explain: _____

[] [] 2. Are you presently under a physicians care for any re on?

If yes, explain: _____

[] [] 3. Have you had any previous INJURY or SURGERY in the last 12 months which resulted in loss of time from practice, game or school? If YES explain and include date, location (i.e. left knee), diagnosis and physician.

4. Any history of the following CONDITIONS or ILLNESSES? If yes, explain and include dates below

YES	NO		YES	NO		YES	NO	
[]	[]	ADD / ADHD	[]	[]	EAR INFECTIONS, FREQUENT	[]	[]	NOSEBLEEDS, PERSISTANT
[]	[]	ALLERGY (_____)	[]	[]	FAINING SPELLS	[]	[]	OSTEOMYELITIS
[]	[]	ANEMIA	[]	[]	HEARING LOSS-PERMANENT	[]	[]	PNEUMONIA
[]	[]	ANXIETY	[]	[]	HEART PROBLEMS	[]	[]	RHEUMATIC FEVER
[]	[]	ARTHRITIS	[]	[]	HEAT EXHAUSTION	[]	[]	RINGING IN EARS
[]	[]	ASTHMA / INHALER USE	[]	[]	HEAT STROKE	[]	[]	SEIZURE DISORDER
[]	[]	BLADDER INFECTIONS	[]	[]	HEPATITIS A/B/C	[]	[]	SINUS PROBLEMS
[]	[]	CHICKEN POX	[]	[]	HERNIA	[]	[]	STOMACH PROBLEMS
[]	[]	CONCUSSION	[]	[]	HIGH BLOOD PRESSURE	[]	[]	TUBERCULOSIS
[]	[]	COUGH, PERSISTANT	[]	[]	JOINT DISLOCATION	[]	[]	VALLEY FEVER
[]	[]	CRAMPING, PERSISTANT	[]	[]	KIDNEY PROBLEMS			
[]	[]	DEHYDRATION	[]	[]	LIVER PROBLEMS	[]	[]	OTHER HEALTH CONDITION
[]	[]	DEPRESSION	[]	[]	MIGRAINE HEADACHES			
[]	[]	DIABETES	[]	[]	MONONUCLEOSIS			
[]	[]	DIZZINESS						

Explain, include dates: _____

YES NO

[] [] 5. Are you taking any medications/inhalers? If yes, what medications and for what condition(s)?

[] [] 6. Are you allergic to any medications/foods/etc.? If yes, explain: _____

[] [] 7. Do you have a history of a family member having sudden cardiac death? If yes, explain: _____

[] [] 8. Do you have any problems that bother you only when you participate in athletics? If yes, explain _____

[] [] 9. Do you wear glasses/contact lenses? If yes, do you wear them when participating in sports? _____

[] [] 10. Do you have a hearing loss? If yes, please explain _____

Signature of Parent/Guardian _____ Date _____