

**HEALTH HISTORY FORM**  
(REVISED AUGUST 2011)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

**ALL PARTICIPANTS:**

Check all that apply. Failure to disclose a known medical condition may result in the instructors' inability to provide necessary first aid. Please disclose in full. Disclosure will not deny participation, but may result in adapted participation to ensure the safety of the participant.

Health History	Explain
<input type="checkbox"/> Heart Condition <input type="checkbox"/> Stroke <input type="checkbox"/> High BP	
<input type="checkbox"/> Seizure disorder	Type of seizure: Emergency procedures:
<input type="checkbox"/> Asthma or other lung disease	Triggers: Uses inhaler? Yes No Will carry to class? Yes No Can use independently? Yes No
<input type="checkbox"/> Orthopedic or musculo-skeletal problems	
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hypoglycemia	On insulin? No Yes, type: _____ Preferred method of treatment for low blood sugar:
<input type="checkbox"/> Severe allergies to: _____ _____	Has Epi-pen? Yes No If yes, does Marion PAL Judo have permission to administer in case of anaphylaxis? Yes No
<input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Special Learning Needs: _____	Best way to provide redirection / instruction:
<input type="checkbox"/> Other medical conditions	

Has participant ever passed-out / fainted during or after physical activity?

No  Yes, explain: \_\_\_\_\_

Has participant ever had a head injury that resulted in loss of consciousness or concussion?

No  Yes, explain: \_\_\_\_\_

Has participant ever been hospitalized for illness or injury?

No  Yes, explain: \_\_\_\_\_

Level of physical activity:  Very Active  Moderately Active  Inactive

**PARENTS / GUARDIANS OF CHILD PARTICIPANTS, CONTINUE TO BACK**

Adult Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**CHILD PARTICIPANTS Only:**

This information is to help the instructors better know how to provide successful instruction so that your child will have a positive Judo experience. This information is confidential and will only be shared among the instructors and assistant instructors.

Does your child have difficulty following verbal instructions at home or school?  No  Yes, explain:

\_\_\_\_\_

Does your child have difficulty participating in PE because of coordination or lack of endurance?

No  Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever had an unsuccessful sports experience?  No  Yes, what would have made that experience more successful? \_\_\_\_\_

\_\_\_\_\_

What other sports / activities does your child participate? \_\_\_\_\_

\_\_\_\_\_

Any other information you think is important for the instructors to know to ensure your child has a successful Judo experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions or concerns that you would like to discuss with an instructor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_