

Interim Sports Medical Form

Ledyard School Health Services
Adopted from Appendix F
The Connecticut State Medical Society

Sport: _____

Name: _____

Date of Birth: _____

Address: _____

School: _____

Grade: _____

Parent/Guardian: _____

Home Phone: _____

Business Phone: _____

1. Since your last sports health exam, have you had any illness, whether disabling or not?

Yes _____ No _____ If yes, explain: _____

2. Since your last sports health exam, have you had any injuries, whether disabling or not?

Yes _____ No _____ If yes, explain: _____

3. Has there been any other change in your health, strength or maintenance of condition not covered above?

Yes _____ No _____ If yes, explain: _____

4. Do you have any other health problems you would like to discuss?

Yes _____ No _____ If yes, explain: _____

5. Have you had any other examinations or received any immunization or tetanus since your last examination?

Yes _____ No _____ If yes, explain: _____

Parent's/Guardian Signature

Date