

Interim Health Form

Sometimes we receive forms that ask whether a patient can participate in sports, safely do certain kinds of work, attend organized camps, drive a vehicle and so on. A comprehensive annual check-up is the best way to determine eligibility for such activities. Even if the patient has had a check-up within the past year, there may be a long interval between the physical exam and the time a form has to be completed. For these situations, if more than 90 days has elapsed since the last check-up, we request that the patient or parent complete the following questionnaire. Thank you for your help.

Today's Date _____

Name of patient _____ Birthdate _____ Grade _____

Reason form needs to be completed _____ Sport _____

Since your child's most recent check-up on _____, has he or she had:

(Circle Yes or No)

Yes/No 1. An injury resulting in an emergency room visit or office visit?
If yes, please explain:

Yes/No 2. A concussion, seizure, fainting spell, or loss of consciousness:
If yes, please explain:

Yes/No 3. Chest pain or sensation of a racing heart?
If yes, please explain:

Yes/No 4. Persistent bone, muscle, or joint pain/swelling?
If yes, please explain:

Yes/No 5. Weight loss, poor appetite, or nutritional problems?
If yes, please explain:

Continued from previous page –
Since your child's last check-up, has he or she had:

Yes/No 6. A surgical procedure and/or an illness resulting in more than 5 days in a row missed from school?
If yes, please explain:

Please list all medications your child is taking regularly (including oral, topical, inhalers, nasal sprays):

Does your child have:

If yes, please explain:

Only one kidney?	Yes/No	_____
New allergies or reactions?	Yes/No	_____
Braces or any mouth appliance?	Yes/No	_____
Poor vision in one or both eyes?	Yes/No	_____
	If yes – do they wear glasses or contacts?	_____

.....
If your child has asthma, has he or she experienced any of the following since the last check-up?
(circle all that apply)

Exercise related cough	Shortness of breath	Nighttime cough
Wheezing episodes	Need for bronchodilator (ex. Albuterol) every week	

If yes, please explain:

Please list any asthma medications taken on a regular basis above.

.....

I have completed this form to the best of my knowledge and I believe the above answers are correct.

Signature _____ Date _____

Relationship to patient _____

Thank you for completing this form.