



Haverford Youth Football and Cheer

Bert Bell Football Conference

Name _____ Age _____ Date _____

Medicines _____ Allergies _____

Health History (To be completed by parent or guardian; answer Yes or No only)

YES NO

1	Family history of sudden death before age 50?		
2	Dizziness/fainting/chest pain with exercise?		
3	Heart murmur/heart condition?		
4	High Blood Pressure?		
5	Bone or joint injury (especially back or hips)?		
6	Sprain/dislocation?		
7	Serious head or spine trauma/repeated concussions/surgery on head or back?		
8	Detached retina?		
9	Known current illness/infection?		
10	Uncontrolled asthma?		
11	Uncontrolled seizures?		
12	Recurrent skin disorders (boils, impetigo)?		
13	Loss or serious impairment of a paired organ (kidney, eye, lung, testes)?		
14	Known liver/spleen/kidney enlargement/mononucleosis/hepatitis?		

_____ Signature of Parent _____ Cell #

This form MUST be accompanied by your child's most current physical.