

STONINGTON PUBLIC SCHOOLS
INTERIM HISTORY FORM

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

School and Grade: _____ Business Phone: _____

Sport: _____

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-related problems you would like to discuss?

Yes No

If yes, explain _____

Signature _____

Parent or Guardian

Student

Date _____

Date _____