

STONINGTON PUBLIC SCHOOLS
INTERIM HISTORY FORM

Student 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, Please Explain _____

2) Since your last sports health exam have you had any injuries whether disabling or not:

YES NO

If Yes, Please Explain _____

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

YES NO

If Yes, Please Explain _____

4) Do you have any other health-related problems you would like to discuss?

YES NO

If Yes, Please Explain _____

Parent or Guardian Signature _____ Date _____

Student Signature _____ Date _____