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 ________________

Revised 2/12