

HEALTH HISTORY FORM
JENSEN-SCHMIDT TENNIS ACADEMY

PARTICIPANT NAME: _____ AGE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN PRIMARY PHONE # _____

PARENT/GUARDIAN EMAIL: _____

EMERGENCY CONTACT NAME/PHONE: _____

HEALTH INSURANCE COMPANY: _____

MEDICAID: _____

HEALTH HISTORY

	YES	NO		YES	NO
1. Heart disease/heart defect/high blood pressure	___	___	13. Asthma	___	___
2. Chest pain	___	___	14. Easy bleeding	___	___
3. Seizures/epilepsy/fainting spells	___	___	15. Emotional/behavioral*	___	___
4. Diabetes	___	___	16. Sickle cell trait	___	___
5. Concussion or serious head injury	___	___	17. Allergy: _____		
6. Major surgery or illness	___	___	18. Immunization up to date	___	___
7. Heat stroke/exhaustion	___	___	19. Date of last tetanus shot: _____		
8. Blindness/visual problems	___	___			
9. Contact lenses/glasses	___	___			
10. Hearing loss/hearing aid	___	___			
11. Bone or joint problems	___	___			
12. Special diet	___	___			

MEDICATION: Please print medication name, date prescribed, amount, and number of times per day medication is given:

Signature of Person completing form: _____ Date: _____

**ATLANTO-AXIAL INSTABILITY ASSESSMENT
FOR ATHLETES WITH DOWN SYNDROME**

PLEASE NOTE: All children and young adults with Down syndrome are required to have a full radiological examination establishing the absence of Atlanto-Axial Instability before she/he may participate in sports or events which by their very nature, may result in hyperextension, radical flexion or direct pressure on neck or upper spine.

	YES	NO	
Has x-ray evaluation for atlanto-axial instability been done?	—	—	Date of x-ray: _____
If yes, was it POSITIVE for atlanto-axial instability	—	—	

FROM LAST PHYSICAL EXAMINATION DATE: _____

Blood Pressure: _____ / _____ Weight: _____ Height: _____

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Vision	—	—	Cardiovascular System	—	—	Cranial Nerves	—	—
Hearing	—	—	Respiratory System	—	—	Coordination	—	—
Oral Cavity	—	—	Gastrointestinal System	—	—	Reflexes	—	—
Neck	—	—	Genitourinary System	—	—			
Extremities	—	—	Skin	—	—			

Please bring this Health History form
with you to the first day of camp
