

**Confidential**  
**Track and Field Participation Health Record**

Name of Athlete \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Physician name and telephone #: \_\_\_\_\_

Health Plan \_\_\_\_\_ Group # \_\_\_\_\_

**Health History**

Does the Athlete have any chronic medical problems? \_\_\_\_\_ if yes, explain.

\_\_\_\_\_

Does the Athlete take any medications? \_\_\_\_\_ if yes, explain name, dosage and condition \_\_\_\_\_

Does the athlete have any allergies? \_\_\_\_\_ if yes, explain

\_\_\_\_\_

Has Athlete had any previous surgeries? \_\_\_\_\_ if yes, what surgeries

\_\_\_\_\_

Has athlete ever had previous difficulty running or participating in strenuous exercise? \_\_\_\_\_ if yes, explain

\_\_\_\_\_

When was athlete's last tetanus booster? \_\_\_\_\_

Are there any medical conditions that would keep athlete from actively participation in the track and field program? \_\_\_\_\_

\_\_\_\_\_

**I hereby state that to the best of my knowledge my answers to the above questions are correct. The Napa Track Club recommends that any athlete participating in track and field be examined and cleared by a physician. It is up to the parent, athlete, and physician to determine if the athlete can participate.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**