



**UNITED SPIRIT ALL STARS  
2007-08 HEALTH HISTORY FORM**

Date of Last Physical Examination\_\_\_\_\_

Current Physician\_\_\_\_\_

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

Health History (check or circle all that apply)

Frequent Ear Infections

Convulsions

Bleeding/Clotting Disorders

Mononucleosis

Date of last tetanus\_\_\_\_\_

Heart Defect/Disease

Diabetes

Hypertension

Psychiatric Treatment

Diseases (check all that apply)

Chicken Pox

German measles

Measles

Mumps

Allergies (check all that apply)

Hay Fever

Insect Stings

Other Drugs

Other (specify)

Poison Ivy, etc

Penicillin

Asthma

Any previous injury, diagnosed illness or condition of which we should be aware of:

Blood Type\_\_\_\_\_

**Important** - This Must Be Completed for Participation.

This health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed cheerleading, dance and tumbling activities except as noted. The completed forms may be photocopied for trips out of facility.

Signature of Parent or Guardian:\_\_\_\_\_ Date:\_\_\_\_\_

Witness\_\_\_\_\_

Date:\_\_\_\_\_