



Interval Health History for Sports Participation

Prior to the start of tryout session or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season. Please return to school health office.

Part A: To be completed by Parent/Guardian

Student: _____ Age: _____ Date of Birth _____

Grade: ___7 ___8 ___9 ___10 ___11 ___12

Sport: _____ Level: ___ Modified ___ JV ___ Varsity

Date of last health appraisal: _____ Limitations: ___ Yes ___ No

Part B: To be completed by Parent/Guardian

Note: YES to any of these questions does not mean automatic disqualification from the athletic activity indicated in Part A. However, it will require a review and approval by the school physician before the student can report to tryouts or practice.

The answers to the question on this form will be held in the school health offices and will be kept confidential.

History since last Health Appraisal:

If the answer to the questions is YES, please describe the condition or situation that prompted your answer.

1. Any injuries requiring medical attention? ___ Yes ___ No
 If yes, explain _____
2. Any illness lasting more than five (5) days ___ Yes ___ No
 If yes, explain _____
3. Taking medicine or under physician's care at this time? ___ Yes ___ No
 If yes, explain _____
4. Any feeling of faintness, dizziness or fatigue after exercise or exertion? ___ Yes ___ No
 If yes, explain _____
5. Change in wearing glasses or contact lenses? ___ Yes ___ No
 If yes, explain _____

6. Any surgical operations or fractures? If yes, explain _____	___ Yes	___ No
7. Any treatment in a hospital or emergency room? If yes, explain _____	___ Yes	___ No
8. Developed any allergies? If yes, explain _____	___ Yes	___ No
9. Any chronic disease? If yes, explain _____	___ Yes	___ No
10. Any head injury/ concussions? If yes, explain _____	___ Yes	___ No
11. Have you ever been told by a doctor that you have a heart murmur? If yes, explain _____	___ Yes	___ No
12. Have you had mononucleosis within the past 6 months? If yes, explain _____	___ Yes	___ No
13. Do you have any current skin problems (ex: itching, rash, warts, blister)? If yes, explain _____	___ Yes	___ No
14. Have you ever had a seizure? If yes, explain _____	___ Yes	___ No
15. Do you use any special protective/corrective equipment that is not usually used for your sport (for example, knee or ankle brace, hearing aid, splint)? If yes, explain _____	___ Yes	___ No

Part C: To be completed by Parent/Guardian

Parental/Guardian Permission:

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named in Part A of this form. I also understand, I can find more information about concussions at www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/ The answers are correct as of this date and he/she has my permission to participate.

Name: _____

Signature: _____

Date: _____

Contact information: _____ home #

_____ cell #

_____ emergency #

_____ e-mail

Part D: To Be completed by the School Health Office

Sports Participation _____ approved

_____ referred to School Doctor

School Health Office Signature _____

Date: _____

If referred to the School Doctor _____ requalified

_____ disqualified