

## INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

Per New York State Education law requires that, prior to the start of tryout sessions or practice at the beginning of **each season, (Fall, Winter, and Spring)**, 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 in which the athlete plans to participate.** This review covers only the time **since the student athlete's last physical exam,** sport season, and/or injury if applicable.

### PART "A": TO BE COMPLETED BY THE PARENT OR GUARDIAN

Student: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Sport: \_\_\_\_\_ Level (check):  Varsity  JV  Modified  
Season: (check):  Fall  Winter  Spring

Note "Yes" to any of these questions does not mean automatic disqualification from the athletic activity indicated in PART A above. However, it will require a review and approvability the school physician before the student can report to practice or tryouts. The answers to the questions on this form will be held in the school health office, and will be kept confidential.

### HISTORY SINCE LAST HEALTH APPRAISAL ONLY:

If the answer to any of the following questions is "YES", in PART B on the reverse side of this form, please describe the condition or situation that prompted your answer:

1. Any injuries requiring medical attention?  Yes  No
2. Any illness lasting more than five (5) days?  Yes  No
3. Taking medicine or under physician's care at this time?  Yes  No
4. Any feeling of faintness) dizziness or fatigue after exercise or exertion?  Yes  No
5. Change in wearing glasses or contact lenses?  Yes  No
6. Any surgical operations or fractures?  Yes  No
7. Any treatment in a hospital or emergency room?  Yes  No
8. Developed any allergies?  Yes  No
9. Any chronic disease?  Yes  No

PART "B": Describe the condition or situation that caused any questions in Part "A" to be answered "YES".

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PART "C": 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. The answers are correct as of this date and he/she has my permission to participate.

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

**Please Return To The School Health Office**

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PART "D": **TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE**

Date of last health appraisal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Limitations:  Yes  No

Sports Participation:

Approved  Referred to School Physician

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(School Health Office)

If referred to the School Physician:

Requalified  Disqualified

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(School Physician)