

INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

SCHOOL NAME & ADDRESS: Gilbertsville-Mount Upton Central School
693 St. Hwy. 51
Gilbertsville, NY 13776

Prior to the start of tryout sessions 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.

PART A: TO BE COMPLETED BY THE PARENT

tu Student: _____ Age: _____

Grade (check): ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 Date of Birth: _____

Sport: _____ Level (check): ___ Varsity ___ JV ___ Modified

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

PART B: TO BE COMPLETED BY THE PARENT OR GUARDIAN

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 approval by 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:

If the answer to any of the following questions is “YES” in PART C 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 lens?	___ 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 C: TO BE COMPLETED BY PARENT OR GUARDIAN

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

PART D: PARENTAL 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. 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

PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Sports Participation:

_____ **Approved**

_____ **Referred to School Physician**

Signed: _____
School Health Office

Date: ___/___/___

If referred to the School Physician:

_____ **Requalified**

_____ **Disqualified**

Signed: _____
School Physician

Date: ___/___/___