



Gilbertsville-Mount Upton Central School
693 State Highway 51
Gilbertsville, New York 13776

INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

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

Student: _____ Age: _____
Grade (check): ___6___ ___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: ___/___/_____

PART E: CONCUSSION EDUCATION

1. NYSED and NYS Department of Health post information relating to mild trauma brain injuries on their websites – Attached.

2. Attached is a "Student and Parent Information Form" and a "Fact Sheet for Parents."

PARENTAL ACKNOWLEDGEMENT

I have received the Concussion Education Information (as listed above.)

SIGNED: _____ DATE: ___/___/_____

PLEASE RETURN TO THE SCHOOL HEALTH OFFICE

PART F: 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:

_____ Re-qualified

_____ Disqualified

Signed: _____
School Physician

Date: ___/___/_____