

**INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION**

Prior to the start of 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. This is in accordance with NYS school health law.

**Part A: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE**

Student: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade (check): 07 08 09 10 11 12 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sport: \_\_\_\_\_ Level check:  Modified  Varsity  
 Junior Varsity  
Date of last health appraisal: \_\_\_\_/\_\_\_\_/\_\_\_\_ Limitations:  Yes  No  
Next health appraisal scheduled for: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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:**

1. Any injuries requiring medical attention?  Yes  No
2. Any illness lasting more than five (5) days?  Yes  No
3. Taking medicine regularly or occasionally 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 C: TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Describe the condition or situation that caused any questions in Part B to be answered "Yes".

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**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: Student Statement:**

I, hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct.

Signature of Student \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**PLEASE RETURN TO THE SCHOOL HEALTH OFFICE**

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**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:

Requalified

Disqualified