## **School Health Services**



## INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

SCHOOL NAME:	
Prior to the start of tryout sessions or practice at the beginning of each seas each athlete must be conducted unless the student received a full medical the start of the season.	
PART A: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE	
Student:	Age:
Grade (check): □ 7 □ 8 □ 9 □ 10 □ 11 □ 12	Date of Birth://
Sport: Level (check): □ Varsity	□ JV □ Frosh □ Jr. High
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 diactivity indicated in PART A above. However, it may require school physician before the student can report to practice or tryouth HISTORY SINCE LAST HEALTH APPRAISAL:	a review and approval by the
Allergies (Bee Sting/Medications/Food/Latex,etc.)	☐ Yes ☐ No
Does the student carry an Epi-pen® for a life-threatening allergy?	☐ Yes ☐ No
Asthma	☐ Yes ☐ No
Does the student carry an inhaler?	☐ Yes ☐ No
Concussion/Head injury/Seizures	☐ Yes ☐ No
Recent injury that requires medical attention or protective equipment?	☐ Yes ☐ No
Recent illness lasting longer than one week (ie. Mono)	☐ Yes ☐ No
Currently taking medications	☐ Yes ☐ No
Diabetes/Hypoglycemia	☐ Yes ☐ No
Heart/Blood Pressure Problems	☐ Yes ☐ No
Heat Exhaustion or Stroke	☐ Yes ☐ No
Hearing Impairment	☐ Yes ☐ No
Bleeding Tendency/Anemia	☐ Yes ☐ No
Recent Surgery or Hospitalization	☐ Yes ☐ No
Kidney/Liver Disease	☐ Yes ☐ No
Contact Lenses	☐ Yes ☐ No
Is there any medical condition that might be aggravated by playing sports	s? □ Yes □ No

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## 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".
DA DE I	D. DADENEAL DEDINGGLON	
PAKTI	D: PARENTAL PERMISSION	
	I, the undersigned, clearly understand these questions are ask can safely participate on the athletic team named in PART correct as of this date and he/she has my permission to particip	A of this form. The answers are
	SIGNED:	DATE:/
	PLEASE RETURN TO THE SCHOOL HE	EALTH OFFICE
PART I	E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE	
	Sports Participation:	
	☐ Approved ☐ Referred to School Physicia	n
	Signed:	Date:/
	School Health Office	
	If referred to the School Physician:	
	☐ Requalified ☐ Disqualified	
	Signed:	Date:/
	School Physician	