# CORINTH CENTRAL SCHOOL DISTRICT
# INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

STUDENT NAME: _____ GRADE: _____

**This Interval Health History Form or a Physical Exam must be dated no more than 30 days before the start of tryout sessions or practice at the beginning of each sports season.**

## PART A – TO BE COMPLETED BY STUDENT

STUDENT: _____ AGE: _____

SPORT: _____ DOB: _____

LEVEL (CHECK): ☐ VARSITY ☐ JV ☐ MODIFIED 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 nurse 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: EXAM DATE: _____

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.

| | | (CHECK) |
|---|---|---|
| 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 |

## ONGOING MEDICAL CONDITIONS:

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.

| | | (CHECK) |
|---|---|---|
| 1. | Any chronic disease or medical conditions? | ☐ YES ☐ NO |
| 2. | Diagnosis of asthma? | ☐ YES ☐ NO |
| 3. | Use or carry Inhaler? | ☐ YES ☐ NO |
| 4. | Allergies: _____ | ☐ 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. I give the school nurse permission to share with the sports coach any medical concerns my child may have.

SIGNED: _____ DATE: _____

## PLEASE RETURN TO THE HEALTH OFFICE

**PART E & F – TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE:**

Date of last health appraisal: _____

Sports Participation (check):

☐ Approved ☐ Referred to School Physician

SIGNED: _____ DATE: _____
School Health Office

If referred to the School Physician (check):

☐ Re-qualified ☐ Disqualified

SIGNED: _____ DATE: _____
School Physician

**PART F – INFORMATION TO BE SHARED WITH SPORTS COACHES:**

_____

_____

☐ DONE ☐ DATE _____ _____
Signature

Revised: 3/15/11