

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