

HEALTH HISTORY REEVALUATION
TO CONTINUE PARTICIPATION IN THE INTERSCHOLASTIC ATHLETIC PROGRAM AT
SCHUYLERVILLE CENTRAL SCHOOL

This form is to be completed by an individual who has **previously played an interscholastic sport** and has received a complete medical examination. Prior to the start of each sport season, before practice or try-out sessions begin, the state regulations mandate review of each athletes' health history be conducted. This form must be returned to the health office before clearance for athletic participation will be given. **ATHLETIC PARTICIPATION WILL BE DENIED UNTIL THIS FORM IS COMPLETED, SIGNED AND RETURNED TO THE HEALTH OFFICE.**

NAME OF STUDENT (please print) _____ **GRADE** _____ M or F (circle)

If the answer to any of the following questions is **“Yes”**, please describe the condition or situation that prompted your answer (please check either “yes” or “no”). Since this years physical has your child:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Experienced any type of head injury or concussion requiring medical attention? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Received any injury requiring medical attention? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Had any surgical operations, joint injuries, or fractured bones? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been diagnosed with any condition requiring medical attention? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Been treated in a hospital or emergency room? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Experienced swelling or pain requiring medical attention? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Missed any practices and/or games due to illness or injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Been absent from school for five(5) or more consecutive days (or an equivalent period during the summer) due to an accident or illness requiring medical care? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Had an injury or illness preventing your child from exercise or sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Taken any medicine or seen a healthcare provider? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Had any change in vision, such as wearing glasses or contact lens? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Experienced any feelings of faintness, dizziness or fatigue after exercise or exertion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Developed any allergies? | <input type="checkbox"/> | <input type="checkbox"/> |

14. Females Only: When was your last menstrual period? _____

Describe the condition or situation that caused any questions listed above to be answered **“YES”**:

Note: “Yes” to any of these questions does not mean automatic disqualification from an interscholastic activity. However, it will require a review and approval by the school physician before the student can report to practice and tryout.

PARENTAL CONSENT MUST BE SIGNED BELOW:

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate in the interscholastic athletic activity listed below. All answers are correct as of this date. I hereby give my consent for

_____ to participate in _____ practices and contests.
 (Student name) (Sport activity)

DATE: _____ SIGNATURE OF PARENT OR GUARDIAN: _____

Home Telephone Number(s): _____ Cell Phone _____

Work Telephone Number(s): _____ Beeper _____

Emergency Telephone Number(s): _____