

**INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION
CENTER MORICHES SCHOOL DISTRICT**

Prior to the beginning of each season, a health history review for each athlete must be given to the coach at their pre-season meeting. This form must be on file in the nurse's office in order for an athlete to be eligible to participate.

PART A – TO BE COMPLETED BY THE STUDENT (PLEASE PRINT)

Student _____

Last Name First Name

Date of Birth _____ Age _____

Grade (check) ____ 7 ____ 8 ____ 9 ____ 10 ____ 11 ____ 12

Sport _____

Season: Fall ____ Early Winter ____ Winter ____ Late Winter ____ Spring ____

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.

HISTORY SINCE LAST SPORTS PHYSICAL:

If the answer to any of the following questions is "YES" please explain below:

	YES	NO
1) Any injuries requiring medical attention?	_____	_____
2) Any illness lasting more than five (5) days and/or requiring medical attention?	_____	_____
3) Taking medicine or under physician's care at this time?	_____	_____
4) Any feeling of faintness, dizziness or fatigue after exercise or exertion?	_____	_____
5) Change in wearing glasses or contact lens?	_____	_____
6) Any surgical operations or fractures?	_____	_____
7) Any treatment in a hospital or emergency room?	_____	_____
8) Developed any allergies?	_____	_____
9) Any chronic disease?	_____	_____

PART C – TO BE COMPLETED BY PARENT OR GUARDIAN

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 _____