

MINISINK VALLEY HIGH SCHOOL

INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

PART A: TO BE COMPLETED BY THE STUDENT

Student Name: _____ Homeroom: _____

Date of Birth: ____/____/____ Age: _____

Grade Level: ____7 ____8 ____9 ____10 ____11 ____12

Sport: _____

Level: ____Varsity ____Junior Varsity ____Freshman ____Junior High

PART B: TO BE COMPLETED BY THE PARENT OR GUARDIAN

Date of last physical: _____

If your child requires a physical, which do you prefer? ____ School ____ Private

Note: "YES" to any of the questions below 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.

This form will be held in the school health office and will be kept confidential.

HISTORY SINCE LAST HEALTH APPRAISAL:

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.

- 1. Any injures requiring medical attention? ____yes ____no
- 2. Any illness lasting more than five (5) days? ____yes ____no
- 3. Taking medication or under physician's care? ____yes ____no
- 4. Any feeling of faintness, dizziness or fatigue after exercise or exertion? ____yes ____no
- 5. Change in wearing glasses or contact lenses? ____yes ____no
- 6. Any surgical operations or fractures? ____yes ____no
- 7. Any treatment in a hospital or emergency room? ____yes ____no
- 8. Developed any allergies? ____yes ____no
- 9. Any chronic disease? ____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: 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 have read the Minisink Valley Central School District Interscholastic Rules and Regulations and understand that purpose and direction of this athletic code.

I understand that I will be financially responsible to pay for any equipment not turned in at the end of the season.

Signature of Parent/Guardian

Date

Signature of Student

Date

PLEASE RETURN THIS FORM TO THE SCHOOL HEALTH OFFICE

PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Sports Participation:

_____ Approved

_____ Referred to School Physician

Signature of School Health Official

Date

If referred to the school physician:

_____ Requalified

_____ Disqualified

Signature of School Physician

Date