Port Jervis School District Interval Health History Form For Sports Participants

Grade:	t:	Agc	Date	of Birth:	
Jiuuc.	Date of Last H	Iealth Appraisal:			
Sport:	Level: (check)	:Varsity	_JV	Modifie	d
	HEALTH HISTORY SINCE	LAST HEALT	H APP	RAISAL:	
If the a	inswer to any of the following question	ons is "YES", ple	ase exp	plain below:	
1.	Any injuries requiring medical attent	tion?		yes	no
2.	Any illness lasting more than 5 days	?		yes	no
3.	Taking any medication or currently u	ınder a Dr.'s car	e?	yes	no
4.	Fainting, dizziness or fatigue after ex	ercise or exertic	n?	yes	no
5.	Change in wearing glasses or contact	t lenses?		yes	no
6.	Any operations or broken bones?			yes	no
7.	Any treatment in the hospital or Eme	ergency Departm	ent?	yes	no
8.	Developed any new allergies?			yes	no
9.	Any chronic illness (i.e. asthma, diab	etes, seizures)		yes	no
10.	Need to wear any protective equipme	ent?		yes	no
	If yes, please circle: knee-brace, hear	ring aid, mouth g	guard,		
	sports goggles				
11.	Ever had a hit to the head causing he	adache, dizzines	s,		
	nausea or confusion or been diagnose	ed with a concus	sion?	yes	no
12.	Has a relative died suddenly before t	he age of 50 from	n		
	unknown or heart related causes?			yes	no
Descril	be & give dates for any of the above a	inswered "YES"	:		
PARE I, the uniparticipa My child Parent/C	NTAL PERMISSION: dersigned, clearly understand these questions ate in the Port Jervis School District Athletic d has my permission to participate. Guardian Signature: E COMPLETED BY THE SCHOO	Program. The answDate:	ers are c		
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within 30 days of the start of the sports season.

Note: "YES" to any of the questions does not mean automatic disqualification from the athletic activity. However, it will require a review & approval by the school physician before the student can report to practice or try outs.

PARENT SIGNATURE REQUIRED ABOVE & ON THE OPPOSITE SIDE OF THIS FORM