

THE RISK OBSERVER

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PROFESSIONAL UNDERWRITERS

DAILY 5 CENTS, SUNDAY 15 CENTS

HEALTH HISTORY REVIEW FOR INTERSCHOLASTIC SPORTS

To be completed and signed by
Parent/Guardian and athlete
and returned to School Nurse-Teacher
before Student may
participate in sports

Grade: _____

Sport: _____

Date of last certification/physical examination: _____

Dear Parents and Athletes,

Interscholastic sports medical examinations are given once a year and are valid for 12 months. Regulations require us to update each athlete's medical history prior to the start of each new sports season, if it has been more than 30 days since he/she was examined by the school physician. This is done to be sure that there are no health changes, which would interfere with his/her continued participation in interscholastic sports.

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION	YES	NO
1. Any injuries requiring medical attention?		
2. Any illness lasting more than five (5) days?		
3. Taking any medicine or under physician's care at the time?		
4. Any feeling of faintness, dizziness or fatigue after heavy exertion?		
5. Wear glasses or contact lenses?		
6. A surgical operation or fracture?		
7. Treated in a hospital or emergency room?		
8. Any reason why this person cannot participate in any sport?		
9. Any known allergies?		
10. Any Chronic diseases?		
If yes to any of the above, describe:		

PERMISSION

We understand clearly that the questions are asked in order to decide if this student is in a proper condition to participate in the athletic activity named at the top of the date this form is signed. All answers will be kept confidential in his/her health record in the school health office.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____

NOTE: "Yes" answers to any of these questions do not mean automatic disqualification. They will require review and evaluation by the school physician.

Copies: School Nurse, Director of HPER and Athletics, Coach

