

Dutchess Day School
Interval Health History for Sports Participation
2011-2012

This form must be turned in 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. In order for 12-month physical to be valid-Interval Health History must be completed (as Per NYS Education Department).

PART A: TO BE COMPLETED/VERIFIED BY SCHOOL HEALTH OFFICE AND/OR PARENT

Student: _____ **Date of Last Health Appraisal:** _____
Date of Birth: _____ **Age:** _____ **Grade:** _____

PART B: TO BE COMPLETED BY PARENT/GUARDIAN

Sport: Please check appropriate box below.

- Cross Country Soccer Field Hockey Squash Basketball Volleyball Lacrosse Tennis Golf
 My child will not be participating in a sport this season (**do not fill out rest of form**)

HEALTH HISTORY SINCE LAST HEALTH APPRAISAL:

	YES	NO
Any injuries requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>
Any illness lasting more than 5 days?	<input type="checkbox"/>	<input type="checkbox"/>
Taking medicine or under physician's care at this time?	<input type="checkbox"/>	<input type="checkbox"/>
Any feeling of faintness, dizziness or fatigue after exercise or exertion?	<input type="checkbox"/>	<input type="checkbox"/>
Change in wearing glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Any surgical operations or fractures?	<input type="checkbox"/>	<input type="checkbox"/>
Any treatment in a hospital or emergency room?	<input type="checkbox"/>	<input type="checkbox"/>
Developed any allergies/asthma (including bee and food)?	<input type="checkbox"/>	<input type="checkbox"/>
Any Chronic disease?	<input type="checkbox"/>	<input type="checkbox"/>
Joint Sprain/Ligament Tear/Muscle Pull/Dislocation	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the condition or situation that caused any of the above questions to be answered "YES" (include medications).
Note: "Yes" answers to any of these questions does not mean automatic disqualification from the athletic activity indicated.
They will require review and evaluation.

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named at the top of this form. The answers are correct as of this date and he/she has my permission to participate.

Parent Signature: _____ Date: _____

PART C: TO BE COMPLETED BY SCHOOL HEALTH OFFICE AND ATHLETIC DIRECTOR

Sports Participation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Referred to Physician
If referred to Physician:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disqualified
Initials of School Nurse: _____	Initials of Athletic Director: _____	
Date: _____	Date: _____	