

**INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION
COMMACK 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) _____ 6 _____ 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** _____