INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION
ICHABOD CRANE CENTRAL SCHOOL

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 SCHOOL HEALTH OFFICE

Student: ____________________________________________ Age: __________

Grade (check): □ 7 □ 8 □ 9 □ 10 □ 11 □ 12 Date of Birth: ____/____/____

Sport: ___________________________ Level (check): □ Varsity □ JV □ Frosh □ Jr. High

Date of last health appraisal: _____/_____/____ Limitations: □ Yes □ No

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 may require a review and approval by the school physician before the student can report to practice or tryouts.

HISTORY SINCE LAST HEALTH APPRAISAL:

Allergies (Bee Sting/Medications/Food/Latex,etc.) □ Yes □ No

Does the student carry an Epi-pen for a life-threatening allergy? □ Yes □ No

Asthma □ Yes □ No

Does the student carry an inhaler? □ Yes □ No

Concussion/Head injury/Seizures □ Yes □ No

Recent injury that requires medical attention or protective equipment? □ Yes □ No

Recent illness lasting longer than one week (ie. Mono) □ Yes □ No

Currently taking medications □ Yes □ No

Diabetes/Hypoglycemia □ Yes □ No

Heart/Blood Pressure Problems □ Yes □ No

Heat Exhaustion or Stroke □ Yes □ No

Hearing Impairment □ Yes □ No

Bleeding Tendency/Anemia □ Yes □ No

Recent Surgery or Hospitalization □ Yes □ No

Kidney/Liver Disease □ Yes □ No

Contact Lenses □ Yes □ No

Is there any medical condition that might be aggravated by playing sports? □ 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: PARENTAL 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.

SIGNED: ___________________________________________ DATE: ___/___/____

PLEASE RETURN TO THE SCHOOL HEALTH OFFICE

PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Sports Participation:

☐ Approved  ☐ Referred to School Physician

Signed:_________________________________________ Date:___/___/____

School Health Office

If referred to the School Physician:

☐ Requalified  ☐ Disqualified

Signed:_________________________________________ Date:___/___/____

School Physician

06/18/12 ab