Whitesboro Central School
Interval Health History
For Sports Participation

Please Return by _____ to the **Nurse's Office**.

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 prior to the start of the season.

PART A: **TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Student: _____ Age: _____
Grade (circle) 7 8 9 10 11 12 Date of Birth _____

Sport: _____ Level (check) ☐Modified ☐Freshman ☐JV ☐Varsity
Date of last physical _____ Limitations _____Yes _____ No

PART B: **TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Note: Answering "Yes" to any of these questions does not mean automatic disqualification from the athletic activity indicate 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. The answers to the questions on this form will be held in the school health office and will be kept confidential.

HISTORY SINCE LAST PHYSICAL EXAM:

If the answer to any of the following questions is "Yes", please describe the condition or situation that prompted your answer on PART C on the reverse side of this form. When completed, please sign and date the reverse side of this form.

1. Any injuries requiring medical attention? ☐Yes ☐No
2. Any illness lasting more than five (5) days? ☐Yes ☐No
3. Taking medicine or under physician's care at this time? ☐Yes ☐No
4. If so does student take medicine in school? ☐Yes ☐No
5. Does the student carry an inhaler for asthma? ☐Yes ☐No
6. Any feeling of faintness, dizziness, or fatigue after exercise or exertion? ☐Yes ☐No
7. Change in wearing glasses or contact lenses ☐Yes ☐No
8. Any surgical operation or fractures? ☐Yes ☐No
9. Any treatment in a hospital or emergency room? ☐Yes ☐No
10. Developed any allergies? ☐Yes ☐No
11. Any chronic diseases? ☐Yes ☐No
12. Exposure to tuberculosis? ☐Yes ☐No
13. Any heart murmur, heart problem or chest pain? ☐Yes ☐No

**********PLEASE COMPLETE BOTH SIDES*********

PART C: **TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Describe the condition or situation that caused any questions on the reverse side to be answered "Yes"

_____

_____

_____

_____

_____

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_____

_____

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 _____

PHONE # _____

**********PLEASE RETURN TO THE SCHOOL HEALTH OFFICE**********

TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Sport Participation (circle):

Approved Referred to School Physician

Signed _____ Date _____
School Health Office

If referred to the School Physician (circle):

Requalified Disqualified

Signed _____ Date _____
School Physician