

**NORTHEASTERN CLINTON MIDDLE/SENIOR HIGH SCHOOL HEALTH OFFICE  
103 ROUTE 276; CHAMPLAIN, NEW YORK 12919**

**INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION**

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

SPORT: \_\_\_\_\_ LEVEL: VARSITY \_\_\_\_\_ JV \_\_\_\_\_ MOD. \_\_\_\_\_

DATE OF LAST PHYSICAL: \_\_\_\_\_

TO BE COMPLETED BY PARENT: Note: "Yes" to any of these questions does not mean automatic disqualification from the athletic activity indicated above. However, it may require review or approval by the School Physician before student can practice or try out.

HISTORY SINCE LAST PHYSICAL DATE NOTED ABOVE:

If the answer to any of the following questions is "yes" please describe the condition below that prompted your answer.

- |   |           |          |
|---|-----------|----------|
| 1. Any injuries requiring medical attention?                                  | _____ Yes | _____ No |
| 2. Any illness lasting more than five (5) days?                               | _____ Yes | _____ No |
| 3. Taking medicine or under doctor's care at this time?                       | _____ Yes | _____ No |
| 4. Any feeling of faintness, dizziness or fatigue after exercise or exertion? | _____ Yes | _____ No |
| 5. Change in wearing glasses or contact lenses?                               | _____ Yes | _____ No |
| 6. Any surgical operations or fractures?                                      | _____ Yes | _____ No |
| 7. Any treatment in a hospital or emergency room?                             | _____ Yes | _____ No |
| 8. Develop any allergies?   | _____ Yes | _____ No |
| 9. Any chronic diseases?  | _____ Yes | _____ No |

DESCRIBE THE CONDITION OR SITUATION THAT CAUSED ANY OF THE ABOVE QUESTIONS TO BE "YES" AND ANY FURTHER INFORMATION THAT WE SHOULD HAVE FOR YOUR CHILD TO SAFELY PARTICIPATE.

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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 NOTED AT THE TOP OF THIS FORM. THE ANSWERS ARE CORRECT AS TO THIS DATE AND MY CHILD HAS MY PERMISSION TO PARTICIPATE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Parent or Guardian)