GREENVILLE
CENTRAL SCHOOL DISTRICT

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INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

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 PARENT OR GUARDIAN

Student:_____ Age:_____

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

Sport: _____ Level (check): ❑ Varsity ❑ JV ❑ Fresh ❑ Jr. High

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: <u>TO BE COMPLETED BY PARENT OR GUARDIAN</u>

Describe the condition or situation that caused any questions in PART B to be answered "YES".

_____

_____

_____

_____

_____

_____

PART D: <u>PARENTAL PERMISSION</u>

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: <u>TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE</u>

Date of last health appraisal: _____/_____/_____

Sports Participation:

❑ Approved ❑ Referred to School Physician

Signed:_____ Date:_____/_____/_____
School Health Office

If referred to the School Physician:

❑ Requalified ❑ Disqualified

Signed:_____ Date:_____/_____/_____
School Physician