

**Northern Adirondack Central School  
Health History Review Form/Interscholastic Sports**

**NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**SPORT:** \_\_\_\_\_ **DATE OF LAST EXAM:** \_\_\_\_\_

Dear Parents and Athletes,

Interscholastic sports medical exams are valid for 12 months. Regulations require us to update each athlete's medical history prior to the start of each new sports season, if it has been more than 30 days since the athlete's physical exam. This is done to insure that there are no health changes which would interfere with his/her continued participation in interscholastic sports.

Since your child's last physical has she/he had the following?	<u>YES</u>	<u>NO</u>
1. Any injuries requiring medical attention?	_____	_____
2. Any illness lasting more than 5 days?	_____	_____
3. Taking any medicine or under physician's care presently?	_____	_____
4. Any feeling of faintness, dizziness, or fatigue after exertion?	_____	_____
5. Any loss of consciousness?	_____	_____
6. Wears glasses or contacts?	_____	_____
7. A surgical operation or fracture?	_____	_____
8. Treated in the hospital or emergency room?	_____	_____
9. Any reason why this person should not participate?	_____	_____
10. Any known allergies?	_____	_____
11. Any chronic illness?	_____	_____

If yes to any of the above, please describe: \_\_\_\_\_

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We understand that these questions are asked to decide if this student is in a proper condition to participate in an athletic activity. The answers are correct as of the date this form is signed. All answers will be kept confidential.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_