

RYE COUNTRY DAY SCHOOL

Interval Health History For Physical Education & Sports participation

Prior to the start of each season, a health history review for each student athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

Please return this form to the certified Athletic trainer, Steve Norman, or to the PE/Athletic Department.

PART A: TO BE COMPLETED BY THE PARENT OR GUARDIAN

Student Name: _____ Age: _____

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

Sport: _____ Level (Circle): PE MS JV VAR

Date of Last Health Appraisal: ____/____/____ Limitations (Circle): YES NO

NOTE: "YES" to any of these questions does not mean automatic disqualification from the athletic activity indicated in **PART A** above. However, it will require a review and approval by a 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 HEALTH APPRAISAL:

If the answer to any of the following questions is "YES", in **PART B** on the reverse side of this form, please describe the condition or situation that prompted your answer.

(Circle)

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|--|-----|----|
| 1. Any injuries requiring medical attention? | YES | NO |
| 2. Any illness lasting more than five (5) days? | YES | NO |
| 3. Taking medication(s) or under a physician'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. Developed any allergies? | YES | NO |
| 9. Any history of asthma? | YES | NO |
| 10. Any chronic disease? | YES | NO |

(CONTINUED)

