NEWBURGH ENLARGED CITY SCHOOL DISTRICT – HEALTH SERVICES

INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

SCHOOL NAME: ____________________________________________

All students participating in Sports must have a physical exam on file for the current school year. Prior to beginning each subsequent season, an Interval Health History must be completed.

PART A:

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>_________________</th>
<th>D.O.B: <strong>/</strong>/___</th>
<th>Age: ____</th>
<th>Grade: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID # ________</td>
<td>Sport: ________________</td>
<td>Level:</td>
<td>Varsity</td>
<td>JV</td>
</tr>
<tr>
<td>Date of last health appraisal: <strong><strong>/</strong></strong>/____</td>
<td>Limitations: ______yes ______no</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART B: TO BE COMPLETED BY THE PARENT OR GUARDIAN

**Note:** “Yes” to any of these questions below does not mean automatic disqualification from the athletic activity indicated 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 HEALTH APPRAISAL:**

If the answer to any of the following questions is “YES” - on the reverse side of this form in PART C, please describe the condition or situation 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 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 chronic disease? ______yes ______no

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PART C: TO BE COMPLETED BY PARENT OR GUARDIAN

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

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

PART D: PARENTAL PERMISSION

To the best of my knowledge, this health interval is correct. I realize that there is a risk of being injured that is inherent in all sports. I realize the risk of injury may be severe, including the risk of fracture, brain injury, paralysis or even death.

Understanding the above, I give permission for my son/daughter ______________________________, a student in the Newburgh Enlarged City School District to participate in: ___________________________.

SPORT NAME

SIGNED: ___________________________ DATE: _______________
Parent/Guardian Signature

Address: __________________________________________________________________________

Home/Cell phone number: ______________________________________________________________________

PLEASE RETURN TO THE SCHOOL HEALTH OFFICE

PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Sports Participation:

_______ Approved

_______ Referred to School Physician

Signed: ___________________________ Date: _____/_____/_____
School Health Office NP/SNT/RN Signature

If referred to the School Physician:

_______ Requalified

_______ Disqualified

Signed: ___________________________ Date: _____/_____/_____
School Physician Signature