

Cazenovia Central School
INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

At the beginning of each sports season, prior to the start of a tryout session or practice, a health history review must be conducted on each athlete. This form must be completed by the parent and turned in to the School Nurse before the season begins. Failure to turn in this form, without exception, will result in ineligibility.

STUDENT: _____ Age: _____ Date of Birth: ____/____/____ Grade _____

Sport: _____ Level (check) Varsity JV modified Coach _____

Have any family members had a heart attack under age 50 or died unexpectedly? _____ Who? _____

Please Explain: Accident, Illness, Heart problem? _____ If heart problem, was it congenital, hereditary or lifestyle (smoking, drinking, overweight, etc.)? _____

Is your child's physician aware of this history? _____

Is your child missing a kidney, eye, testicle or any other paired organ? _____

Part A. History since last health appraisal:

1. Any illness or injuries requiring loss of school or practice for 5 days or more? Yes No
2. Any treatment in urgent care, an emergency room, or hospital? Yes No
3. Any feeling of faintness, dizziness, fatigue, unusual shortness of breath, chest pain or heart palpitations (heart beating very fast or irregularly) after exercise or exertion? Yes No
4. Any concussion, memory loss or unconsciousness after a blow to the head or has had a seizure? Yes No
5. Any allergies to bees, medications, food, or latex? Yes No
6. Any chronic illness such as Asthma, Diabetes, Hypertension? Yes No
7. Taking medicine or under a physician's care at this time? Yes No
8. Does your child have **self carry orders** for any medication? Yes No
9. Any change in vision, hearing or in wearing glasses or contact lenses? Yes No
10. Any problem or condition the coach should be aware of for your child's safety? Yes No

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

PART C: 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 named on this form. The answers are correct as of this date and he/she has my permission to participate. I have also read and understand the information provided on concussions in sports.

SIGNED: _____ DATE: ____/____/____