



SAINT ANN'S SCHOOL 129 Pierrepont Street Brooklyn, New York 11201-2705
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INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

Prior to the start of each sports season (fall, winter, spring and including the try-out period), New York State Education Law requires a health history review for those students (grades 7 to 12) who plan to participate in team sports unless the student received a full medical examination within 30 days of the season. This review covers only the time since the student's most current physical exam dated within the past 12 months and on file in the school.

Student _____ Date of birth _____

Grade ____ Sport _____ Level (circle) Varsity Junior Varsity Middle School

Date of last full physical exam _____ Limitations: Yes ___ No ___ If "yes" please explain:

Height _____ Weight _____ Allergies _____

Please circle yes or no to the following:

Since the last physical

- | | |
|---|--|
| *have there been any injuries? Yes No | *illness lasting more than 5 days? Yes No |
| *dizziness or fatigue on exertion? Yes No | *history of concussion? Yes No |
| *surgeries or fractures? Yes No | *history of asthma? Yes No |
| *any emergency room visits? Yes No | *any change in diet? Yes No |
| *change in exercise program? Yes No | *does your child wear contact lenses? Yes No |
| *does your child wear glasses? Yes No | *take medication? Yes No |
| *Is your child presently under medical care? Yes No | |

If you answered yes to any of the above questions, please explain:

Parent's name (print) _____ Signature _____ Date _____

 Sports participation: approved _____ referred to medical care provider for evaluation _____

School nurse's signature _____