



INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

ALEXANDER HAMILTON JR. /SR. HIGH SCHOOL

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

PART A: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Student: \_\_\_\_\_ Age: \_\_\_\_\_
Grade (check): [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12 Date of Birth: \_\_\_/\_\_\_/\_\_\_
Sport: \_\_\_\_\_ Level (check): [ ] Varsity [ ] JV [ ] Modified
Date of last health appraisal: \_\_\_/\_\_\_/\_\_\_ Limitations: [ ] Yes [ ] No

PART B: TO BE COMPLETED BY THE PARENT OR GUARDIAN

Note: "Yes" to any of these questions does not mean automatic disqualification from the athletic activity indicated in PART A above. However, it may require a review and approval by the school physician before the student can report to practice or tryouts.

HISTORY SINCE LAST HEALTH APPRAISAL:

Allergies (Bee Sting/Medications/Food/Latex,etc.) [ ] Yes [ ] No
Does the student carry an Epi-pen® for a life-threatening allergy? [ ] Yes [ ] No
Asthma [ ] Yes [ ] No
Does the student carry an inhaler? [ ] Yes [ ] No
Concussion/Head injury/Seizures [ ] Yes [ ] No
Recent injury that requires medical attention or protective equipment? [ ] Yes [ ] No
Recent illness lasting longer than one week (ie. Mono) [ ] Yes [ ] No
Currently taking medications [ ] Yes [ ] No
Diabetes/Hypoglycemia [ ] Yes [ ] No
Heart/Blood Pressure Problems [ ] Yes [ ] No
Heat Exhaustion or Stroke [ ] Yes [ ] No
Hearing Impairment [ ] Yes [ ] No
Bleeding Tendency/Anemia [ ] Yes [ ] No
Recent Surgery or Hospitalization [ ] Yes [ ] No
Kidney/Liver Disease [ ] Yes [ ] No
Contact Lenses [ ] Yes [ ] No
Is there any medical condition that might be aggravated by playing sports? [ ] Yes [ ] No

**School Health Services**



**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".

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**PART D: 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 in PART A of this form. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**PLEASE RETURN TO THE SCHOOL HEALTH OFFICE**

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**PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE**

Sports Participation:

- Approved                       Referred to School Physician

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School Health Office

If referred to the School Physician:

- Requalified                       Disqualified

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School Physician