

**BURNT HILLS-BALLSTON LAKE
CENTRAL SCHOOLS**

***Sports Recertification Form
Interval Health History***

Fall Winter Spring

Student _____ Age _____

Grade _____ Birth Date _____ Sport _____ School _____

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To be completed by the parent or guardian:

This form provides a medical history update since the student’s last full medical examination. It **MUST** be completed within the 30 days before the first day of tryouts **UNLESS** the full medical examination was performed within those 30 days before the start of tryouts.

NOTE: “Yes” to any of these questions does not mean automatic disqualification from the athletic activity. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

History since last physical:

- 1. Has the student had any injuries requiring medical attention? Yes _____ No _____
- 2. Has the student had any illness lasting more than 5 days since your last physical? Yes _____ No _____
- 3. Is the student taking medicine or under a physician’s care at this time? Yes _____ No _____
- 4. Does the student have any feeling of faintness, dizziness or fatigue after exercise or exertion? Yes _____ No _____
- 5. Has the student had any surgical operations or fractures since the last physical? Yes _____ No _____
- 6. Has the student had any treatment in a hospital or emergency room since the last physical? Yes _____ No _____
- 7. Does the student have asthma? If yes, is student on medication? _____ Yes _____ No _____
- 8. Has the student developed any allergies? Yes _____ No _____
- 9. Does the student have any chronic disease (diabetes, seizure disorder, etc.)? Yes _____ No _____

Comments: Please describe and give the date for any of the above answered “Yes:.”

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 above. The answers are correct as of this date and he/she has my permission to participate.

Parent/Guardian Signature Date Student Signature Date

Work Phone _____ Home Phone _____