



ALLEGANY-LIMESTONE CENTRAL SCHOOL

3131 Five Mile Road • Allegany, NY 14706

INTERVAL HEALTH HISTORY FOR ATHLETICS

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

PART A – STUDENT INFORMATION

Student: _____ Age: _____

Grade (check one): ___7___8___9___10___11___12 DOB: ___/___/___

Sport: _____ Level: ___VAR___JV___MOD

Date of last health appraisal: ___/___/___ Any Limitations: ___Yes___NO

PART B – HEALTH HISTORY UPDATE:

Note: Answering “Yes”, to any of these questions does not mean automatic disqualification from sports. However, it may require a review by the school physician. This form will be held in the school health office and will be kept confidential.

HISTORY SINCE THE LAST HEALTH APPRAISAL:

If any questions are answered “YES” please explain briefly on back of form.

1. Any injuries requiring medical attention since last medical appraisal? ___Yes___No
2. Any illness lasting more than 5 days? ___Yes___No
3. Taking medication 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 new 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:

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 my child has my permission to participate.

Parent/Guardian Signature: _____ **Date:** ____/____/____

PART E – TRAINER RELEASE OF INFORMATION:

I hereby authorize the Athletic Trainer/Physician to release information regarding the health status of my son/daughter to their coach, school nurse, or other school administrator as it relates to their ability to participate or the care of their injuries/illness. This release will be in effect for the 2016-2017 school year. I authorize the Allegany-Limestone Central School District athletic trainer to provide emergency care that may become necessary for the student in the course of activities or travel.

Parent/Guardian Signature: _____ **Date:** ____/____/____

PLEASE RETURN THIS FORM TO YOUR COACH

YOU MUST HAVE A CURRENT PHYSICAL ON FILE IN THE HEALTH OFFICE TO PARTICIPATE IN SPORTS