



Ilion Junior-Senior High School Interval Health History for Sports Participation

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 PARENT OR GUARDIAN

Student: _____

Grade (check): 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____

Age: _____ Date of Birth: / /

Sport: _____ Level: Var _____ JV _____ Mod _____

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 disqualifications from the athletic activity indicated in PART C. However, it will require a review and approval by the school physician before the student can report to practice or tryout.

The answer to the questions on this form will be held in the school health office and will be kept confidential.

History Since Last Health Appraisal:

If the answer of the following questions is "YES" in PART C on the reverse side of this form please describe the condition or situation that prompted your answer.

	Yes	No
1. Any injuries requiring medical attention?	_____	_____
2. Any illness lasting more than five (5) days?	_____	_____
3. Taking medicine or under physician's care at this time?	_____	_____
4. Any feeling of faintness or dizziness or fatigue after exercise or exertion?	_____	_____
5. Change in wearing glasses or contact lens?	_____	_____
6. Any surgical operations or fractures?	_____	_____
7. Any treatment in hospital or emergency room?	_____	_____
8. Developed any allergies?	_____	_____
9. Any chronic disease?	_____	_____

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