

Campbell-Savona Central School
Interval Health History for Sports Participation
Please return to the Health Office

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. An athlete may not practice or tryout until this form is turned into the Health Office.

PART A – To be completed by Parent or Guardian.

STUDENT _____ DOB _____ GRADE _____

SPORT _____ VARSITY ____ JV ____ JR. HIGH ____

PART B – To be completed by 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 will require a review and written approval by the student’s physician before the student can report to practice and tryouts.

HISTORY SINCE YOUR LAST SPORTS PHYSICAL

If the answer to any 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.

Please check Yes or No	YES	NO
Any injuries requiring medical attention?	_____	_____
Any illness lasting more than five (5) days?	_____	_____
Taking medicine under physician’s care at this time?	_____	_____
Any feeling of faintness, dizziness or fatigue after exercise or exertion?	_____	_____
Change in wearing glasses or contact lens?	_____	_____
Any surgical operations or fractures?	_____	_____
Any treatment in a hospital or emergency room?	_____	_____
Developed any allergies?	_____	_____
Any chronic diseases?	_____	_____

(over)

