SPORT:

CITY SCHOOL DISTRICT OF NEW ROCHELLE

FOR STUDENTS UNDERGOING A PHYSICAL EXAMINATION BY THEIR PERSONAL HEALTH CARE PRACTITIONER, THIS ATHLETIC HEALTH HISTORY MAY BE USED AS A GUIDE.

ATHLETIC HEALTH HISTORY

New York State law requires that each year, in order for a student to participate in athletic competition, an Athletic Health History Form must be completed and signed by a parent/guardian, and that a physical examination be done by a New York State Licensed Health Care Practitioner.

For students being examined in school, the school doctor/nurse practitioner will not perform the physical examination without this completed and signed Athletic Health History Form.

This Athletic Health History Form must be completed in pen, signed by a parent/guardian and returned to the School Nurse.

NAME____ **BIRTH DATE**____________________

SCHOOL ______________________________**GRADE** __________ **HOME ROOM** ____________________

Please answer **all** questions.

Does your child have a history of:

	YES	NO		YES	NO
Allergies/Hayfever	☐	☐	Head injury/Loss of consciousness	☐	☐
Bee sting allergy	☐	☐	Headaches	☐	☐
Anemia	☐	☐	Heart disease including	☐	☐
Arthritis	☐	☐	chest pain or murmurs	☐	☐
Asthma	☐	☐	Hernia	☐	☐
Back/Neck injury	☐	☐	Injury to: Bones	☐	☐
Bladder/Kidney disease	☐	☐	Joints	☐	☐
Bleeding (incl. Nose bleeds)	☐	☐	Muscle	☐	☐
Blood Pressure changes	☐	☐	Spleen	☐	☐
Cancer/Leukemia	☐	☐	Lung disease	☐	☐
Convulsions/Seizures	☐	☐	Missing Kidney	☐	☐
Depression	☐	☐	Missing Testicle	☐	☐
Diabetes	☐	☐	Rheumatic Fever	☐	☐
Ear problems/Hearing Loss	☐	☐	Surgery	☐	☐
Eye problems/Vision loss	☐	☐	Shortness of breath during exercise	☐	☐
Fainting episode	☐	☐	Other: Explain below	☐	☐

Please give details and dates to any questions to which you answered **YES** ____

____

Has your child ever had an illness, accident, injury or condition that required him/her to be seen in an emergency room?
YES ☐ NO ☐

If YES please give details and dates ____

____

Is your child under medical care now: YES ☐ NO ☐

If YES please give details and dates ____

Is your child taking medications now or has s(he) taken any within the past year? YES ☐ NO ☐

If YES please give details and dates ____

____

Girls: Date of most recent menstrual period ____________

Is there any medical condition in your child's **family history** which the school doctor should be aware of prior to clearance for sports? YES ☐ NO ☐

If YES please give details and dates ____

____

The above medical History is complete and accurate to the best of my knowledge.

Signature of Parent/Guardian____ Date ____________

Home phone ______________________ Cell phone ________________________

Work phone ______________________ e-mail ____________________________

SPORTS CLEARANCE: By signing and submitting this form, the parent/guardian attests that he/she has fully disclosed all of their child's health history, conditions, medications and relevant family history (e.g, early cardiac death.) Parent/guardian assumes liability for non-disclosure of such information. The School District Physician has final authority to medically clear students for interscholastic sports participation. Parental/guardian signature authorizes School Health Personnel to communicate with your child's health care provider regarding medical clearance for sports.

PLEASE NOTE: A student cannot be approved for sports if there has been an illness, accident, injury or surgery until a medical clearance report by the treating physician is received by the school Health Office. The School District Physician will review this report and give the final medical clearance for the student to participate in sports.

( ) The student is qualified to participate in the category of sport identified on front of form for the school year 20__ to 20__

( ) The student is **disqualified** because ____

Date _______________ Signed ___________________________________ School MD/NP

This certificate is void if the pupil is absent from school for 5 or more days because of serious illness or injury.
Medical clearance must be obtained before returning to sports.