

# Newburgh Enlarged City School District Health Services

**All students participating in Sports must have a physical exam on file for the current school year. Prior to beginning each subsequent season an Interval Health History must be completed.**

**Part A: To be completed by the student.**

Student Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Date Of Birth: \_\_\_/\_\_\_/\_\_\_ Sport \_\_\_\_\_ Level: \_\_\_\_\_

School: \_\_\_NFA\_\_\_ Date of Last Physical: \_\_\_/\_\_\_/\_\_\_ Limitations: \_\_\_\_ Yes \_\_\_\_ No

**Part B: To be completed by the Parent or Guardian**

Note: “YES” to any of these questions does not mean automatic disqualification from any Athletic activity indicated in, Part A, above. However, it will require a review and an approval by the School Physician before the student can report to practice or try-outs.

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

**History since last Physical exam:** If the answer to any of the following is “YES”, in Part C on the reverse side of this form, please explain the condition/situation.

- |   |                    |
|---|--------------------|
| 1. Any injuries requiring medical attention?                                  | _____ Yes _____ No |
| 2. Any injuries lasting more than 5 (five) days?                              | _____ Yes _____ No |
| 3. Taking medicine 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 allergies?   | _____ Yes _____ No |
| 9. Any chronic disease?   | _____ Yes _____ No |
| 10. Date of last menstrual period?  | _____/_____/____   |

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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".

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**Part D: Parent/guardian authorization**

To the best of my knowledge this health history is correct and I hereby give permission to the school physician or his/her designee to examine my child for participation in school sports. We realize that there is a risk of being injured that is inherent in all sports. We realize the risk of injury may be severe, including the risk of fracture, brain injury, paralysis or even death.

Understanding the above, I give permission for my son/daughter \_\_\_\_\_.

A student in the Newburgh Enlarged City School District to participate in \_\_\_\_\_.

**" Name of sport"**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Parent/guardian signature** \_\_\_\_\_

**Please return to the School Health Office**

**Part E: To be completed by the School Health Office**

Sports participation (check) \_\_\_\_\_ Approved \_\_\_\_\_ Referred to the School Physician

Signature of Health Office Nurse \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**If referred to the school physician:**

\_\_\_\_\_ Re-Qualified \_\_\_\_\_ Disqualified

Signature of School Physician \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_