BURNT HILLS-BALLSTON LAKE
CENTRAL SCHOOLS

Sports Recertification Form
Interval Health History
Fall Winter Spring

Student _____ Age _____

Grade _____ Birth Date _____ Sport _____ School _____

Part A - To be completed by the parent or guardian:
This form provides a medical history update since the student's last full medical examination. It MUST be completed within the 30 days before the first day of tryouts UNLESS the full medical examination was performed within those 30 days before the start of tryouts.
NOTE: "Yes" to any of these questions does not mean automatic disqualification from the athletic activity. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

History since last physical:

1. Has the student had any injuries requiring medical attention?	Yes _____	No _____
2. Has the student had any illness lasting more than 5 days since your last physical?	Yes _____	No _____
3. Is the student taking medicine or under a physician's care at this time?	Yes _____	No _____
4. Does the student have any feeling of faintness, dizziness or fatigue after exercise or exertion?	Yes _____	No _____
5. Has the student had any surgical operations or fractures since the last physical?	Yes _____	No _____
6. Has the student had any treatment in a hospital or emergency room since the last physical?	Yes _____	No _____
7. Does the student have asthma? If yes, is student on medication? ____	Yes _____	No _____
8. Has the student developed any allergies?	Yes _____	No _____
9. Does the student have any chronic disease (diabetes, seizure disorder, etc.)?	Yes _____	No _____

Comments: Please describe and give the date for any of the above answered "Yes:"
_____
_____
_____

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 above. The answers are correct as of this date and he/she has my permission to participate.

_____ _____ _____ _____
Parent/Guardian Signature Date Student Signature Date

Work Phone _____ Home Phone _____

Part B – To be completed by school nurse:
Date of last health appraisal: _____ PE Excuses _____

_____ _____
School Nurse Date