

**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 the 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