

**BURNT HILLS-BALLSTON LAKE  
CENTRAL SCHOOLS**

***Sports Recertification  
Interval Health History***

**Fall                  Winter                  Spring**

Student \_\_\_\_\_ Sport \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

..... 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.** Only students in Grades 7-12 are eligible to participate in Interscholastic sports.

**NOTE:** "Yes" to any of these questions does not mean 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 his/her 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 \_\_\_\_\_
10. Has your child started Menses? (Females Only)                  Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: Please describe and give the date for any of the above answered yes \_\_\_\_\_

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**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