

Complete this form before a school sport physical and prior to beginning a sport season

Horseheads Central School District
Interscholastic Athletics Medical & Eligibility Certification

Circle one: **Fall** Winter Spring Circle one: **V** JV Modified Sport _____

Name (Print) _____ DOB _____ Age _____ **Grade in Fall** _____ Sex: M F
Last First Middle Initial

Address _____ Email: _____

Phone: (H) _____ (W) _____ (C) _____ Emergency # _____ Year entered 9th grade _____

PRE-PARTICIPATION HEALTH HISTORY *This form must be completed and returned before the athlete may participate in practices or games.*

Is your child getting a physical from a private physician? YES NO Is your child under medical care now? Taking any medications now? If so please explain: _____

Do you have any concerns about your child's health you wish to discuss with a doctor? _____

Within the last year has your child ever:	YES	NO		YES	NO
Been restricted in gym or sports participation for medical reasons:	[]	[]	Headaches	[]	[]
Unconscious or lost memory from a blow to the head (concussion):	[]	[]	Knee injury	[]	[]
Had faintness, dizziness, chest pain, or fainting spell during exercise:	[]	[]	Ankle injury	[]	[]
Also, in the past year, has your child had:	YES	NO		YES	NO
Joint sprain/ligament tear/muscle pull	[]	[]	Any remaining problems with a previous injury?	[]	[]
Ear problems/hearing loss	[]	[]	Any emergency room visits, hospitalizations, or surgery	[]	[]
Eye problems/vision loss	[]	[]	Any illness, condition, injury requiring activity limitations absence over 5 days	[]	[]
Fracture/dislocation of any bone/joint	[]	[]			

If yes to any of the above please explain: _____

Has your child ever had:	YES	NO	YES	NO	YES	NO		
Convulsions/seizures	[]	[]	A heart problem/murmur	[]	[]	Elevated blood pressure	[]	[]
A spleen injury	[]	[]	Diabetes	[]	[]	Nosebleeds severe or frequent	[]	[]
A neck or back injury	[]	[]	Bladder/kidney problem/injury	[]	[]	A bee-sting allergy	[]	[]
Allergies/hay fever	[]	[]	Asthma related to exercise	[]	[]	A fainting spell	[]	[]

If yes to any of the above, please explain: _____

Has there been a sudden death of a family member under the age of 50? YES NO **If yes, explain** _____

Does your child have any of the following:	YES	NO	YES	NO	
One eye or severe uncorrectable loss of vision in one or both eyes	[]	[]	Special orthodontic appliance or capped teeth	[]	[]
Severe hearing loss in one or both ears	[]	[]	Single kidney or a single testicle	[]	[]
Physical handicap, either from birth, illness or injury	[]	[]			

If yes to any of the above please explain: _____

For Females: Have your child's periods started? YES NO
What was the month and year of her first menstrual period? _____ When was her most recent menstrual period? _____

I understand the participation in athletics is voluntary. The above answers are accurate. I agree to participation of my student in the school's athletic program including practice sessions and travel to and from athletic contests.

Parent/Guardian Signature _____ Date _____

To be completed in by School Nurse

Date of last sports physical approved by a Medical Provider _____ Restrictions _____

School Nurse Signature _____ Date _____

Director of PE & Athletics Signature _____ Date _____