

RCS PRE-SEASON SPORTS HEALTH HISTORY UPDATE

(This form should be turned in to the Health Office within 30 days of the season starting)

Prior to the start of tryouts for each sport season a health history review must be completed and returned to the school nurse. The purpose of this health history is to ensure that any health problems occurring since the last sport season/physical are identified and considered.

Student Name _____ Grade _____ Date of Birth _____

Date of last Physical _____ Sport _____

Parent/Guardian-Please answer the following questions regarding your child's health and provide details to yes answers in the comment section below. **ALL MEDICATION REQUIRES A PHYSICIAN ORDER ON FILE IN THE HEALTH OFFICE.**

- | | YES | NO |
|---|-------|-------|
| 1. Any chest pain, shortness of breath, fainting, dizziness after heavy exertion? | _____ | _____ |
| 2. Ever had a hit to the head that caused dizziness, nausea, confusion or been diagnosed with a concussion? | _____ | _____ |
| 3. Does the student have asthma? Require medication? | _____ | _____ |
| 4. Does the student have allergies (food, bees, medication)? Require medication? | _____ | _____ |
| 5. Does the student take daily medication? | _____ | _____ |
| 6. Had an illness lasting more than 5 days since the last physical? | _____ | _____ |
| 7. Had any surgery, fracture, sprain or dislocation since the last physical? | _____ | _____ |
| 8. Any significantly impaired organs (eyes, ears, kidneys, testicles)? | _____ | _____ |
| 9. Any chronic illness (diabetes, seizures, bleeding disorder, cardiac, etc)? | _____ | _____ |
| 10. Have any restrictions in physical education classes? | _____ | _____ |

COMMENTS _____

Parental Permission

I understand the questions are asked in order to decide if my child can safely participate in the sport named above. To my knowledge, my answers are complete and true and my child has permission to participate. I have read the New York State concussion information sheet attached to this form.

In addition, the signatures below indicates that I/we have read and understand the RCS Student-Athlete Code of Conduct and I will abide by all of it rules and regulations. The Code of Conduct can be found at rcscsd.org under the Athletics tab.

Parent/Guardian signature _____ Date _____

Student's signature _____ Date _____

FOR HEALTH OFFICE USE ONLY

Approved for sport participation Yes _____ NO _____

RN signature _____

If referred to school physician, school physician signature _____