H.E. 106 (Rev. 01/13)

Albany Leadership Charter HS for Girls

DEPARTMENT OF HEALTH AND PHYSICAL EDUCATION

SEASONAL SPORTS INTERVAL HEALTH HISTORY

Last Recorded Physical: _______

New Physical Required: ☐ YES ☐ NO

Sport: _______________ Level: _____ Grade: ___ Academy____

SN Notations: __________________________

Student: ____ DOB: _____________ Age: _______ Sex: M / F

Student ID No.: ____________ Current School: _________________ School Attended Last Year: ______________

Parent or Guardian: Prior to the tryout sessions or practice at the beginning of the each season, a health history review for each athlete must be conducted. The Health History must be returned to the Nurse's Office or the student will not be cleared to participate in the sport including tryouts. **This form needs to be completed each sport season:**

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	Please answer the following questions:	**YES**	**NO**
1	Has the student had a medical illness or injury lasting more than five days since the last check up or sports physical?	☐	☐
2	Has the student ever been told not to participate in the sports for medical reasons?	☐	☐
3	Has the student ever experienced any type of head injury or concussion requiring medical attention? How many total concussions**?** (_____)	☐	☐
4	Has the student ever been denied or restricted from participation in sports due to any heart problems (heart disease, murmur, hypertension, or chest pain)?	☐	☐
5	Has the student experienced chest pain, dizziness, or fatigue after exercise?	☐	☐
6	Has any member of the student's immediate family, under the age of 50, died of heart problems or unexplained causes?	☐	☐
7	Has the student been diagnosed with asthma?	☐	☐
8	Has the student been prescribed with an inhaler? If yes, is a MD and parent note on file in the Health Office so that the student can self-carry inhaler?	☐	☐
9	Has the student ever had an allergic reaction to bees, food, medications etc.?	☐	☐
10	Has the student had other allergies?	☐	☐
11	Has the student ever had any problems with environmental heat (heat fatigue, heat exhaustion or heat stroke)?	☐	☐
12	Is the student missing an organ or is one significantly impaired (kidney, eye, ear, testicle)?	☐	☐
13	Does the student have any chronic illness (diabetes, seizures, bleeding disorder etc.)?	☐	☐
14	Has the student had any operations?	☐	☐
15	Has the student had a fracture, sprain or dislocation in the last year?	☐	☐
16	Is the student under a doctor's care now? (explain below)	☐	☐
17	Is the student taking medicine regularly? (explain below)	☐	☐
18	Does the student wear glasses, contact lenses, protective eye wear or orthodontic appliance during sports?	☐	☐

Explain "YES" Answers Here (identify each answer with question number) ______________________________________

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If your child may require medication during an athletic event, a medication permission form must be on file in the Health Office. Forms may be obtained from the School Nurse.

Parent/Guardian and Student: Please read the statements below, sign where indicated, and return this form to the School Nurse as soon possible.

- **To the best of my knowledge, all information provided in the health history is accurate.**
- **The above named student may participate in the interscholastic program of his/her school including practice sessions, events, and travel to and from athletic contests.**
- **I give permission for emergency medical treatment deemed necessary by physicians designated by school authorities.**

CONCUSSION STATEMENT

I certify that I have been provided with an information sheet on concussions in youth sports in compliance with NYSPHSAA and CDC's guidelines. If any player/participant is suspected of suffering a concussion or brain injury, the player will be removed from practice or competition and not returned to practice or competition until cleared in writing by a licensed health care provider trained in evaluation and management of concussions, and the school chief medical officer.

ATHLETIC INJURY WARNING STATEMENT

Participation in the Interscholastic Athletic Program is on a voluntary basis. Parents/guardians and students should realize that, as in any athletic activity, there is an element of risk involved whereas physical injuries may occur. Please be assured that our school officials will utilize all precautionary measures to safeguard the student's/athlete's health. Please note, however, that in the event of athletic injury to your child, the parents/guardians are responsible for medical and/or hospital expenses incurred. The School District does carry a Supplementary Insurance Plan to assist parents when their own personal health insurance does not cover the entire medical and/or hospital expense. Medical insurance information can be obtained by calling the District Office.

YOUR CHILD MAY NOT PARTICIPATE IN INTERSCHOLASTIC SPORTS OR PRACTICES UNTIL THE REQUIRED PHYSICAL AND HISTORY HAS BEEN REVIEWED BY THE SCHOOL NURSE.

PARENT/GUARDIAN SIGNATURE: ________________________________ DATE: ________________

STUDENT SIGNATURE: ____ DATE: ________________

Home Phone: ________________ **Work Phone: ______________ Cell Phone: _________________**