

MEDICAL UPDATE FORM

MEDICAL HISTORY UPDATE SINCE LAST SPORTS PHYSICAL

NAME _____ D.O.B. _____ GRADE _____ ATHLETIC ACTIVITY _____

- | | YES | NO | | YES | NO |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Any injuries or illness requiring medical attention? | <input type="checkbox"/> | <input type="checkbox"/> | 5. Any feeling of faintness, dizziness, or fatigue after heavy exertion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any illness lasting more than five (5) days? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Non-participating in gym or sport lasting more than five (5) days? *Requires a clearance for both gym and sports from M.D. | <input type="checkbox"/> | <input type="checkbox"/> | 7. A surgical operation or fracture? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Taking any medicine or under physician's care at this time? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Hospitalized or treated in the emergency room or like? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 9. Any reason why this person cannot participate in any sport? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any of the above, please describe: _____

PERMISSION

WE UNDERSTAND CLEARLY THAT THE QUESTIONS ARE ASKED IN ORDER TO DECIDE IF THIS STUDENT IS IN A PROPER CONDITION TO PARTICIPATE IN THE ATHLETIC ACTIVITY NAMED AT THE TOP OF THIS FORM. THE ANSWERS ARE CORRECT AS OF THE DATE THIS FORM IS SIGNED. ALL ANSWERS WILL BE KEPT CONFIDENTIAL IN HIS/HER HEALTH RECORD IN THE SCHOOL HEALTH OFFICE. PLEASE BE AWARE THAT ALL ANSWERS ARE REVIEWED WITH STUDENTS FILE TO INSURE ACCURACY.

Signature of Parent/Guardian _____ Date _____ Signature of Student _____ Date _____

NOTE: "YES" answers to any of these questions does not mean automatic disqualification from the athletic activity indicated. They will require review and evaluation by the school physician.

NOTE: This form must be filled out every time a student tries out for a new sport unless the physical has been performed within thirty (30) days of tryouts.