

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

ATHLETICS, HEALTH, AND PHYSICAL EDUCATION

146 PEEKSKILL HOLLOW ROAD, PUTNAM VALLEY, NEW YORK 10579

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DR. MARC SPACE
SUPERINTENDENT

MARK C. LYBOLT
DIRECTOR

Health History Review

Prior to the start of practices each season, the Chief Medical Officer must approve every student-athlete in order to participate on an interscholastic team. If a student-athlete has not received an approved physical examination by a medical doctor within 30 days of the start of that season, they are required to complete a Health History Review in order to be certified to compete.

Student Name: _____

Grade: _____

Sport: _____

Level: _____

Answering yes to any of the questions below does not mean disqualification from an interscholastic activity. The purpose of the Health History Review is to allow the health office and coaching staff to have the most up to date information available on your child. However, a yes answer may require further review by the Chief Medical Officer (School Doctor).

Date of last Physical: _____

Since your last physical exam, have you had/lare you:

- | | | |
|--|-----------|----------|
| 1. Any injuries that required medical attention? | Yes _____ | No _____ |
| 2. Any illness that lasted more than five (5) days? | Yes _____ | No _____ |
| 3. A diagnosis of diabetes, seizures, hypertension or heart disease? | Yes _____ | No _____ |
| 4. Any allergy to bee stings, medication, or food? | Yes _____ | No _____ |
| 5. A prescription for an Epi-pen or Inhaler? | Yes _____ | No _____ |
| 6. An illness or injury requiring an overnight stay at a hospital? | Yes _____ | No _____ |
| 7. Any orthopedic problems, i.e. joints, muscles, bones, that required external bracing, casting, supports, or medication? | Yes _____ | No _____ |
| 8. Currently taking medication? | Yes _____ | No _____ |
| 9. Any head injuries? | Yes _____ | No _____ |
| 10. Any diagnosis of high blood pressure? | Yes _____ | No _____ |
| 11. Any diagnosis of a heart murmur? | Yes _____ | No _____ |
| 12. Any feeling of faintness, dizziness, or fatigue after exercise or exertion? | Yes _____ | No _____ |

Please describe any situation or condition that caused a yes answer to the questions above:

I the undersigned clearly understand that 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 my child has my permission to participate.

Signed: _____

Date: _____

For Fall 2010 sports, Health History Review must be completed no earlier than July 19th and no later than July 30.