PUTNAM VALLEY CENTRAL SCHOOL DISTRICT
ATHLETICS, HEALTH, AND PHYSICAL EDUCATION
146 PEEKSKILL HOLLOW ROAD,
PUTNAM VALLEY, NEW YORK 10579
OFFICE: (845) 528-7412 FAX: (845) 526-7852

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\are 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, 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: _____