

**WATERVLIET JR. /SR. HIGH SCHOOL
ATHLETIC DEPARTMENT
HEALTH OFFICE SPORTS UPDATE**

NAME _____ GRADE _____ SPORT _____

DATE _____

MEDICAL History- IN THE PAST YEAR:

ANSWER
YES NO

- | | | |
|---|-------|-------|
| 1. Any injuries requiring medical attention? | _____ | _____ |
| 2. Any illness lasting more then five (5) days? | _____ | _____ |
| 3. Taking any medication or under physician's care at this time? | _____ | _____ |
| 4. Any feeling of faintness, dizziness or fatigue after heavy exertion? | _____ | _____ |
| 5. Any surgery, fractures, or dislocations? | _____ | _____ |
| 6. Treated in a hospital or emergency room? | _____ | _____ |

MEDICAL HISTORY IN GENERAL:

- | | | |
|----------------------------------|-------|-------|
| 1. Wear glasses or contact lens? | _____ | _____ |
| 2. Any know allergies? | _____ | _____ |
| 3. Any chronic diseases? | _____ | _____ |

If Yes to any of the above describe and note date if applicable _____

To my knowledge, there is no medical reason that my son/daughter cannot participate in interscholastic sports.

Signature of
Parent/Guardian _____ Date _____

*In accordance with the school district medication policy.

Pupils needing prescribed or over the counter medications during school are required to have parents and physician's form on file with the school nurse.

UPDATES REQUIRED: At the start of each sport season and for school physician's review before school physical appraisal.