NISKAYUNA CENTRAL SCHOOLS
INTERIM HEALTH INFORMATION
FOR PHYSICAL EDUCATION AND ATHLETICS

Name _____ Grade _____ Date _____

Address _____

Phone Number _____ Sport _____

1. Since your last physical for sports participation, have you had any serious Illness or Injury ?

Yes No

If yes, diagnosis of Illness or Injury _____

Was hospitalization (including Emergency Room Evaluation) required?

Yes No

If surgery was required, please specify _____

If yes, have you had written clearance to resume all Physical Education activities as of this date?

Yes No

Name of attending Physician _____

2. Since your last physical for sports participation, have you been diagnosed with <u>any</u> Cardiac Problems including High Blood Pressure?

Yes No

If yes, what treatment has been prescribed _____

3. Do you have a history of Stinging Insect Allergies or Asthma?

Yes No

4. Do you carry an Epi-Pen or Inhaler?

Yes No

5. Are you presently on any Medication?

Yes No

If yes, name of Medication and dosage_____

If you have had any serious illness or injury since your last physical for sports participation, **WRITTEN** clearance from the attending physician is required before the school nurse will authorize your participation in any sport.

_____
Student Signature

_____
Parent Signature

_____

Date

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