

**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 any 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 _____