

**FRIENDSHIP CENTRAL SCHOOL HEALTH REPORT**  
**FOR ATHLETIC PARTICIPATION**

A note for parents and students:

Prior to the start or tryout or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season

**PART A - TO BE COMPLETED BY THE PARENT/GUARDIAN**

Student: \_\_\_\_\_ Age: \_\_\_\_\_

Grade : \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sport : \_\_\_\_\_  Varsity  Jr. Varsity

Modified  Jr High

Date of last health appraisal \_\_\_\_/\_\_\_\_/\_\_\_\_ Limitations  Yes  No

**PART B - TO BE COMPLETED BY THE PARENT/GUARDIAN**

Note: "Yes" to any of these questions does not mean automatic disqualifications from the athletic activity indicated in Part A above. However, it will require a review and approval by the school physician before the student can report to practice or tryouts

The answers to the questions on this form will be held in the school health office and will be kept confidential

**HISTORY SINCE LAST HEALTH APPRAISAL**

If the answer to any of the following questions is "Yes" in Part C on the reverse side of this form, please describe the condition or situation that prompted your answer

1. Any injuries requiring medical attention?  Yes  No
2. Any illness lasting more than five (5) days?  Yes  No
3. Taking medication or under physician's care at this time?  Yes  No
4. Any feeling of faintness, dizziness, or fatigue after exercise or exertion?  Yes  No
5. Change in wearing glasses or contact lenses?  Yes  No
6. Any surgical operations or fractures?  Yes  No
7. Any treatment in a hospital or emergency room?  Yes  No
8. Developed any allergies?  Yes  No
9. Any chronic disease?  Yes  No

**PART C - TO BE COMPLETED BY PARENT/GUARDIAN**

Describe the condition or situation that caused any questions in PART B to be answered "Yes"

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**PART D - PARENTAL PERMISSION**

I clearly understand these questions asked in order to determine that my child can safely participate on the athletic team named in PART A of this form. The answers are correct as of this date and he/she has my permission to participate:

Signed \_\_\_\_\_  
(parent/guardian signature)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE RETURN TO THE APPROPRIATE COACH**

**PART E - TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE**

Sport Participation (check)

\_\_\_\_\_ Approved

\_\_\_\_\_ Referred to School Physician

Signed \_\_\_\_\_  
(school health official signature)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If referred to the School Physician (check)

\_\_\_\_\_ Requalified

\_\_\_\_\_ Disqualified

Signed \_\_\_\_\_  
(school health official signature)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_