

BOARD OF COOPERATIVE EDUCATIONAL SERVICES OF NASSAU COUNTY
HEALTH AND ALLIED SERVICES

SPORTS HEALTH UPDATE

Date: _____

Dear Parent or Guardian:

Your child had been examined and approved for participation in interscholastic sports for this school year. A health history review is required prior to tryouts for each sports season. A reexamination and requalification may be required to participate in interscholastic sports for this season.

Please respond to the questions below and return this letter to the health office. If you have any questions, please call me at _____.

Sincerely,

School Nurse

Student: _____

Sport: _____

*Answering "Yes" to any of the questions will not automatically exclude the student from participation.

Since the interscholastic sports physical has your child...

- | | | |
|---|------------------------------|-----------------------------|
| Had any injuries requiring medical attention? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Had any hit to the head that caused headache, dizziness, nausea, confusion or been told he/she had a concussion ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Had an illness lasting more than 5 days? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Been taking any medication or been under a doctor's care? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Had any surgery or fractures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Been treated in a hospital or emergency room? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Developed any allergies or chronic disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Reported feeling faint, dizzy or fatigued after exercise or exertion? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Had a change in wearing glasses or contact lenses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the answer to any of the above is yes, please describe below and attach a note from the physician clearing the student for participation in interscholastic sports. (Please understand that the school physician has the final authority to determine the physical capability of a student to participate in a sport.)

Parent/Guardian Signature: _____ Date: _____