

COLD SPRING HARBOR SCHOOL DISTRICT

ATHLETIC PRE-PARTICIPATION HEALTH UPDATE

Name: _____

DOB: _____

Grade: _____

Sport: _____

Sport Level: V JV JH

Since Last Medical Exam:

1. Have there been any illnesses or injuries requiring medical attention? _____

2. Is the student under a doctor's care or taking any medication? _____

3. Any feeling of faintness, dizziness or fatigue upon exertion? _____

4. Does the student wear contact lenses? _____ Glasses _____

(Safety Lenses are MANDATORY during participation in athletic activities.)

5. Are there any known allergies? _____

6. Are there any chronic diseases? _____

7. Has the student had a concussion or serious head injury? _____

8. Is there any reason this person cannot participate in any sport? _____

If yes to any of the above, please describe:

We understand clearly that the questions are asked in order to decide if this student is in a proper condition to participate in the sport named at the top of this form. The answers are correct as of the date this form is signed. All answers will be kept confidentially in his/her health record in the school health office.

Signature of _____

Parent/Guardian: _____ Student: _____ Date: _____