

ROSLYN PUBLIC SCHOOLS MEDICAL UPDATE FORM

Student's Name (Please Print)

Grade

Male _____

Female _____

TO BE COMPLETED BY THE PARENT OR GUARDIAN

NOTE: "YES" to any of these questions does not mean automatic disqualification from the athletic activity indicated below. However, it will require an approval by the medical office before the student can report to practice or tryouts.

HISTORY SINCE LAST HEALTH APPRAISAL

The initial examination that you received for participation in the interscholastic athletic program is valid for competition during the entire school year. It is important that your medical history be updated in a new sports season.

1. Any injuries requiring medical attention? _____ Yes _____ No
2. Has sustained any type of head injury including a concussion? _____ Yes _____ No
2. Any illness more than five (5) days? _____ Yes _____ No
3. Taking medicine 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
10. Use an inhaler? _____ Yes _____ No

DESCRIBE THE CONDITION OR SITUATION THAT CAUSED ANY QUESTIONS TO BE ANSWERED "YES".

Name of Sport

Student's Signature

Date

Parent/Guardian Signature