Hicksville Public Schools NYSED Interval Health History for Athletics–Two Page Form Both pages must be completed.	
Student Name:	DOB:
School Name:	Age:
Grade (check): ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12	Level (check): ☐ Modified ☐ Fresh ☐ JV ☐ Varsity
Sport:	Limitations: ☐ Yes ☐ No
Date of last health exam:	Date form completed:

Health History To Be Completed By Parent/Guardian, Provide Details To Any Yes Answers On Back.
Any medications to be taken at practice and/or athletic event will require the proper paperwork, contact school health office with questions.

Has/Does your child:		
General Health Concerns	**Yes**	**No**
1. Ever been restricted from sports participation for a medical reason?		
2. Have an ongoing medical condition? ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Sickle Cell trait or disease ☐ Other		
3. Ever had surgery?		
4. Ever spent the night in a hospital?		
5. Have only one functioning kidney?		
6. Have a bleeding disorder?		
7. Have any problems with his/her hearing or wears hearing aid(s)?		
8. Have any problems with his/her vision or has vision in only one eye?		
9. Wear glasses or contacts?		
Allergies	**Yes**	**No**
10. Have a life threatening allergy? (please check yes or no.) Check any that apply: ☐ Food ☐ Insect Bite ☐ Latex ☐ Medicine		
11. Carry an epinephrine auto-injector?		
Breathing (Respiratory) Health	**Yes**	**No**
12. Ever complained of getting more tired or short of breath than his/her friends during exercise?		
13. Ever been told by their health care provider they have asthma?		
14. Use or carry an inhaler or nebulizer?		

Has/Does your child:		
Concussion/ Head Injury History	**Yes**	**No**
15. Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told he/she had a concussion?		
16. Have you ever had a traumatic brain injury or concussion?		
17. Ever had headaches with exercise?		
18. Ever had any unexplained seizures?		
19. Currently receive treatment for a seizure disorder or epilepsy?		
Devices/Accommodations	**Yes**	**No**
20. Use a brace, orthotic, or other device?		
21. Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)? If yes there may be need for another required form to be filled out.		
22. Wear protective eyewear, such as goggles or a face shield?		
Family History	**Yes**	**No**
23. Have any relative in your immediate family who's been diagnosed with a heart condition or died from sudden death?		
Males Only	**Yes**	**No**
24. Have only one testicle?		
25. Have groin pain or a bulge or hernia in the groin?		

Has/Does your child:		
Heart Health	**Yes**	**No**
26. Ever passed out during or after exercise?		
Ever complain of palpitations?		
27. Ever complained of chest pain, tightness or pressure during or after exercise?		
28. Were you cleared to participate in sports after seeing a cardiologist? What was the diagnosis?		
29. Ever been told they have a heart condition or problem by a physician?		
. If so, check all that apply: ☐Heart infection ☐Heart Murmur ☐High Blood Pressure ☐Low Blood Pressure ☐High Cholesterol ☐Kawasaki Disease ☐Other:		
Injury History	**Yes**	**No**
30. Ever been diagnosed with a Fracture?		

Has/Does your child:		
Injury History *continued*	**Yes**	**No**
30. Ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?		
31. Ever had an injury, pain, or swelling of joint that caused him/her to miss practice or a game?		
32. Have a bone, muscle, or joint injury that bothers him/her?		
33. Have joints become painful, swollen, warm, or red with use?		
Skin Health	**Yes**	**No**
34. Currently have any rashes, pressure sores, or other skin problems?		
35. Have had a herpes or MRSA skin infections?		
Stomach Health	**Yes**	**No**
36. Have a special diet or have to avoid certain foods?		
37. Have stomach problems?		
38. Have you had gastrointestinal problems?		

Please explain fully any question you answered yes to in the space below. (Please print clearly and provide dates if known.

_____

_____

_____

PARENTAL PERMISSION TO PARTICIPATE

The coaching staff and other responsible school official will take all reasonable steps to protect your child against injury. In the event of an injury the school is delegated only to render first aid and is not obligated to compensate for or insure against related medical expenses. Medical expenses resulting from an injury incurred while participating on a school athletic team must be submitted first to the family's own insurance carrier. It is understood that it is the athlete's (student's) responsibility to report all injuries to the coach or Athletic Director within 30 days of occurrence in order for any insurance to be considered. The Hicksville School District, however, brings to your attention that sports and athletic activities carry certain risks of injury that may be potentially serious and disabling.

I hereby give my child permission to engage in interscholastic athletics, with the understanding of the risks involved in participation. I understand that I will be required to abide by team, school, and applicable association rules in order to maintain my eligibility to participate in interscholastic athletics.

Parent/Guardian Signature:_____ **Date:**_____