SMITHTOWN CENTRAL SCHOOL DISTRICT
26 NEW YORK AVENUE, SMITHTOWN, NY 11787

MEDICAL UPDATE FORM

MEDICAL HISTORY UPDATE SINCE LAST SPORTS PHYSICAL

NAME _____ D.O.B. _____ GRADE _____ ATHLETIC ACTIVITY _____

	YES	NO
1. Any injuries or illness requiring medical attention?	☐	☐
2. Any illness lasting more than five (5) days?	☐	☐
3. Non-participating in gym or sport lasting more than five (5) days? *Requires a clearance for both gym and sports from M.D.	☐	☐
4. Taking any medicine or under physician's care at this time?	☐	☐
5. Any feeling of faintness, dizziness, or fatigue after heavy exertion?	☐	☐
6. Wear glasses or contact lenses?	☐	☐
7. A surgical operation or fracture?	☐	☐
8. Hospitalized or treated in the emergency room or like?	☐	☐
9. Any reason why this person cannot participate in any sport?	☐	☐

If YES to any of the above, please describe: _____

_____

_____

PERMISSION

WE UNDERSTAND CLEARLY THAT THE QUESTIONS ARE ASKED IN ORDER TO DECIDE IF THIS STUDENT IS IN A PROPER CONDITION TO PARTICIPATE IN THE ATHLETIC ACTIVITY NAMED AT THE TOP OF THIS FORM. THE ANSWERS ARE CORRECT AS OF THE DATE THIS FORM IS SIGNED. ALL ANSWERS WILL BE KEPT CONFIDENTIAL IN HIS/HER HEALTH RECORD IN THE SCHOOL HEALTH OFFICE. PLEASE BE AWARE THAT ALL ANSWERS ARE REVIEWED WITH STUDENTS FILE TO INSURE ACCURACY.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____

NOTE: "YES" answers to any of these questions does not mean automatic disqualification from the athletic activity indicated. They will require review and evaluation by the school physician.

NOTE: This form must be filled out every time a student tries out for a new sport unless the physical has been performed within thirty (30) days of tryouts.

4/08