

Sachem Central School District at Holbrook
SPORTS CANDIDATES QUESTIONNAIRE MEDICAL UPDATE FORM

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>GRADE</u>	<u>DATE OF LAST PHYSICAL EXAM</u>	<u>NEXT SPORT</u>
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HISTORY SINCE LAST SPORTS PHYSICAL EXAM

ITEM	YES	NO
1. Any injuries requiring medical attention since last sports physical exam? If Yes, Explain _____	_____	_____
2. Any illness lasting more than five (5) days? If Yes, Explain _____	_____	_____
3. Taking any medicine or under Physicians care at this time? If Yes, Explain _____	_____	_____
4. Treated in a Hospital or Emergency Room? If Yes, Explain _____	_____	_____
5. Has the student had any serious illness since last sports physical exam? If Yes, Explain _____	_____	_____
6. Do you know any reason why this student cannot participate in any sport? If Yes, Explain _____	_____	_____

PERMISSION

We clearly understand 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 _____ Date _____ Signature of _____ Date _____
Parent/Guardian Student

****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.