

**GREAT NECK PUBLIC SCHOOLS**  
**Health Services**  
*Interscholastic Sports Health History Update*  
**"B" Form**

NAME \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_ M / F \_\_\_\_\_ GRADE \_\_\_\_\_

**TO PARTICIPATE IN INTERSCHOLASTIC SPORTS THE STUDENT MUST SUBMIT TO THE NURSE:**

1. **"A" FORM** Side 1 → Health History (To be completed by Parent)  
 Side 2 → Physical Exam (To be completed by Doctor's Office)  
 \* The exam date must be within one year to the start of the sport season
2. **"B" FORM** {Health history UPDATE Form → Signed by Parent/Guardian}  
**Each New Sport Season** this "B" Form must be dated & returned to the nurse during the week prior to each sport season

HEALTH HISTORY UPDATE

**\*Since the last physical examination has your child:**

	YES	NO	EXPLAIN
Had a medical illness or been hospitalized? (seizures, diabetes, fainted, mononucleosis, surgery, etc.)			
Had a head injury with or without loss of consciousness? Concussion?			
Had a fracture, sprain, dislocation, eye or other injury?			
Passed out during or after exercise? Been dizzy during or after exercise? Had chest pain during or after exercise?			
Been evaluated for a heart condition?			
Been taking prescription medication?			
Had Physical Education program modified? (been out of gym for 2 or more days?)			
Developed asthma or allergies?			
Been advised to use protective / corrective equipment or devices for sports? (i.e. knee brace, orthotics, eye protection)			List equipment/device & explain

I have reviewed the above information and give permission for my son/daughter to participate in

\_\_\_\_\_ SPORT \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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 CLEARED FOR: \_\_\_\_\_

\_\_\_\_\_  
 School Nurse

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date of Physical