

BOCES COOPERATIVE EDUCATIONAL SERVICES OF NASSAU COUNTY  
HEALTH AND ALLIED SERVICES

SPORTS HEALTH UPDATE

Dear Parent or Guardian:

Your child had been examined and approved for participation in interscholastic sports for this school year. A health history review is required prior to tryouts to each sports season. A re-examination and re-qualification may be required to participate in interscholastic sports for this season.

Please respond to the questions below and return this letter to the health office. If you have any questions, please call me at (516) 656-5500 ext. 115.

Sincerely,

Frances R. Gonzalez, RN  
School Nurse

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Student: \_\_\_\_\_

Sport: \_\_\_\_\_ Grade \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT OR GUARDIAN.**

Answering "Yes" to any of these questions does not automatically exclude the student from participation.

**Since your last physical have you:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. had any injuries requiring medical attention?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. had an illness lasting more than 5 days?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. been taking any medication(s) or been under a doctor's care?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. had any surgery/operations?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. had any joint injuries (sprain, strains)?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. had any fractures?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. been treated in a hospital or emergency room?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. developed any allergies or chronic disease?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. had any dizziness, faintness, fatigue after exercise/exertion? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. had a change in wearing glasses or contact lenses?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the answer to any of the above is "Yes", please describe the condition or situation below and attach a note from the physician clearing the student for participation in interscholastic sports, if you have not already done so. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_