

**LEVITTOWN UNION FREE SCHOOL DISTRICT
INTERIM HEALTH FORM**

This form must be filled out completely and returned to the school nurse before a student will be eligible to participate in school athletics.

Student's Name _____ Date of Birth _____ Grade _____

NOTE: These questions must be answered at the beginning of **each sport season**, for students who have already had a sports physical for this school year.

SINCE YOUR LAST SPORTS PHYSICAL, HAVE YOU:

	YES	NO
1. Been hospitalized for any reason?	___	___
2. Had a head injury with or without loss of consciousness? What was the date of head injury? _____	___	___
3. Had any fractures or reportable injury?	___	___
4. Had surgery, fainted, or had seizures?	___	___
5. Been evaluated for a heart condition, epilepsy, or diabetes?	___	___
6. Had any illness lasting more than five days?	___	___
7. Been taking any medication for more than 5 days? Name of medication _____	___	___
8. Been taking medication for asthma/use an inhaler? Name of medication/inhaler _____ Will you be carrying inhaler for practices and games?	___	___
9. Been diagnosed with any other chronic disease?	___	___
10. Any reason you should not participate in any sport?	___	___

If answering "yes" to any of the questions above, please explain: _____

I hereby give my son/daughter _____ permission to participate
(print student's name)
in _____ for the school year 20__/__, and certify that the above information is
(sport)
accurate and complete to the best of my knowledge.

(parent/guardian's signature)

(date)

(student's signature)

Cleared for _____

Not cleared, pending private physician's clearance
Date of Clearance _____

Nurse's Signature _____

Date _____

