

**ROSLYN PUBLIC SCHOOLS
MEDICAL UPDATE FORM**

Student's Name (Please Print)

Grade

Male _____

Female _____

TO BE COMPLETED BY THE PARENT OR GUARDIAN

NOTE: "YES" to any of these questions does not mean automatic disqualification from the athletic activity indicated below. However, it will require an approval by the medical office before the student can report to practice or tryouts.

HISTORY SINCE LAST HEALTH APPRAISAL

The initial examination that you received for participation in the interscholastic athletic program is valid for competition during the entire school year. It is important that your medical history be updated in a new sports season.

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|-----|--|-------|-----|-------|----|
| 1. | Any injuries requiring medical attention? | _____ | Yes | _____ | No |
| 2. | Has sustained any type of head injury including a concussion?
If you respond yes, please include the number of concussions_____ | _____ | Yes | _____ | No |
| 2. | Any illness more than five (5) days? | _____ | Yes | _____ | No |
| 3. | Taking medicine or under physician's care at this time? | _____ | Yes | _____ | No |
| 4. | Any feeling of Faintness, dizziness or fatigue after exercise or exertion? | _____ | Yes | _____ | No |
| 5. | Change in wearing glasses or contact lenses? | _____ | Yes | _____ | No |
| 6. | Any surgical operations or fractures? | _____ | Yes | _____ | No |
| 7. | Any treatment in a hospital or emergency room? | _____ | Yes | _____ | No |
| 8. | Developed any allergies? | _____ | Yes | _____ | No |
| 9. | Any chronic disease? | _____ | Yes | _____ | No |
| 10. | Use an inhaler? | _____ | Yes | _____ | NO |

DESCRIBE THE CONDITION OR SITUATION THAT CAUSED ANY QUESTIONS TO BE ANSWERED "YES".

Name of Sport

Student's Signature

Date

Parent/Guardian Signature