DEPOSIT CENTRAL HIGH SCHOOL HEALTH OFFICE
SPORTS PARTICIPATION INTERVIEW FORM
MUST BE RETURNED TO HEALTH OFFICE BEFORE START OF SPORTS SEASON

Prior to the start of tryout sessions at the beginning of each season, a health history interview form must be completed and reviewed with the school nurse, unless the student has received a full physical examination within thirty days of the start of the season.

TO BE COMPLETED BY THE STUDENTS PARTENT/GUARDIAN:

STUDENT: **AGE:** **GRADE:**

SPORT: **JR.HIGH** **J.V.** **VARSITY (circle one)**

TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE:

Date of last sports examination: **Limitations: Yes No**

TO BE COMPLETED BY PARTENT/GUARDIAN:
Since the last health appraisal: please state yes or no – "yes" to any of these questions does not mean an automatic disqualification from the sport, however it will require approval by the school physician before the student can report to practice or tryout sessions. Please describe the condition or situation that prompted a "yes" underneath that question.

Any injuries requiring medical attention?_____
Any illness lasting more than five days?_____
Using medicine or under a physicians care at this time? _____
Any feelings of faintness, dizziness, shortness of breath, fatigue, or pain after exercise or exertion?

Any change in wearing glasses or contact lenses? _____
Any surgical operations or fractures?
_____
Any treatment in a hospital or emergency clinic? _____
Any allergies?
_____
Any chronic disease?
_____

These answers are correct as of this date and he/she has my permission to participate.

PARENTAL PERMISSION: _____ **DATE:**
_____

To be completed by school health office:

APPROVED _____ **REFERRED TO SCHOOL PHYSICIAN**
_____

If referred to school physician:

REQUALIFIED _____
DISQUALIFIED_____

SCHOOL PHYSICIAN: _____ **DATE:**
_____