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:

Physical Exam * The exam date must be within one year to the start of the sport season

"B" FORM {Health history UPDATE Form → Signed by Parent/Guardian}

- **Each New Sport Season** requires a "B" Form.
- **This "B" Form must be dated & returned to the Nurse NO earlier than 30 Days prior to the start of EACH sport season**

Health History To Be Completed By Parent/Guardian ***Answer questions below to indicate if your child has or has ever had the following.***

Provide details to any Yes answer on lines below:	YES	NO	Provide details to any Yes answer on lines below:	YES	NO
Ever been restricted by a doctor or nurse practitioner from sports participation for any reason?			Ever had a hit to the head that caused a headache, dizziness, nausea, or confusion or been told s/he had a concussion		
Have an ongoing medical condition? Please check below: □Asthma □Diabetes □Seizures □Sickle Cell Trait or Disease □Other			Ever have headaches with exercise?		
Ever had surgery?			Ever had a seizure?		
Ever spent a night in the hospital?			Currently being treated for a seizure disorder or epilepsy?		
Have a life threatening allergy? □Medication □Food □Insect bites □Pollen □Latex □Other			Ever been unable to move his/her arms & legs, or had tingling, numbness or weakness after being hit or falling?		
Carry an Epinephrine Auto-Injector?			Ever had an injury, pain or swelling of joint that caused them to miss practice or a game?		
Ever passed out during or after exercise?			Use a brace, orthotic or other device?		
Ever complained of light headedness or dizziness during or after exercise?			Have any problems with their hearing or wear hearing aids?		
Ever complained of chest pain, tightness, or pressure during or after exercise?			Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?		
Ever complained fluttering in their chest, skipped beats, or their heart racing, or does s/he have a pacemaker?			Have any problems with their vision or have vision in one eye only?		
Has student ever had a test for their heart? (i.e. EKG, echocardiogram, stress test)			Wear glasses or contacts?		
Ever been told they have a heart condition or problem?			Ever had a hernia?		
Ever had high or low blood pressure?			Does s/he have only one (1) functioning kidney?		
Ever complain of getting more tired or short of breath than his/her friends during exercise?			Does s/he have a bleeding disorder?		
Wheeze or cough frequently during or after exercise?			Did s/he have a fracture or break since last physical exam?		
Ever been told by their health care provider they have Asthma? □ Use or carry an inhaler or Nebulizer?			**Females Only**: Has she had her period?____ At what age did it begin?__ How often does she get her period_____? Last Menstrual Period_____		
Ever become ill while exercising in hot weather?			**Males Only**: Does He only have one (1) testicle?		
On a special diet or have to avoid certain foods?			**Family History**: Has any relative been diagnosed with a heart condition or developed hypertrophic cardiomyopathy, Marfan Syndrome, right Ventricular cardiomyopathy, long QT or short QT syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
Have to worry about their weight?					
Have stomach problems?			Has any relative died suddenly before the age of 50 from an unknown or heart related cause?		

_____
_____
_____
_____(*continue on back if necessary)*

I certify that to the best of my knowledge my answers are complete and true.
I have reviewed the above information & give permission for my child to participate in

SPORT _____

Parent/Guardian Signature: _____ Date: _____

CLEARED FOR:_____
School Nurse _____ Date_____ **Date of Physical** _____