PART E – TO BE COMPLETED BY SCHOOL HEALTH OFFICE Last Health Appraisal: \_\_\_\_\_\_\_\_\_ Limitations :  Yes  No Sports Participation:  Approved  Referred to School Physician Signed by School Health Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If referred to School Physician:  Requalified  Disqualified School Physician Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART D – PARENTAL SIGNATURE I, the undersigned, declare that the answers above are correct to the best of my knowledge. Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_

PART C – TO BE COMPLETED BY PARENT OR GUARDIAN Describe the condition/situation that caused any questions in PART B to be answered “YES” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART B – TO BE COMPLETED BY PARENT OR GUARDIAN Note: “YES” to any of these questions does not mean automatic disqualification from the athletic activity indicated in PART A. However, it will require a review and approval by the school physician before the student can report to tryouts/practice. The information on this form will be kept confidential. HISTORY SINCE LAST PHYSICAL EXAM: if the answer to any of the following questions is”Yes”, please describe the condition/situation in PART C. Yes No 1. Any injuries that required medical attention?   2. Any illness lasting more than five (5) days?   3. Taking medication or under a physicians care at this time?   4. Any feeling of faintness, dizziness or fatigue after exercise or exertion?   5. Changes in vision, eyeglasses or contact lens’?   6. Any surgical procedures or fractures?   7. Any treatment in a hospital or emergency room?   8. Developed any allergies?   9. Any chronic disease?  

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PART A – TO BE COMPLETED BY PARENT OR GUARDIAN

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_-\_\_\_-\_\_\_

Grade: \_\_\_\_\_ Modified Football Modified Basketball Modified Lacrosse  (please check which sport this update applies to)

PART A – TO BE COMPLETED BY PARENT OR GUARDIAN

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_-\_\_\_-\_\_\_

Grade: \_\_\_\_\_ Modified Football Modified Basketball Modified Lacrosse 

(please check which sport this update form applies to)

Prior to the start of tryout/practice sessions for each season, a health history review for each athlete must be conducted before the athlete can participate. If the student athlete has had a full medical examination in the 30 days prior to the first day of tryouts/practice, this update form is not required.

***A STUDENT WILL NOT BE PERMITTED TO ATTEND TRYOUTS/PRACTICE WITHOUT PROOF OF A MEDICAL EXAMINATION AND/OR MEDICAL HISTORY UPDATE SHEET.***

Prior to the start of tryout/practice sessions for each season, a health history review for each athlete must be conducted before the athlete can participate. If the student athlete has had a full medical examination in the 30 days prior to the first day of tryouts/practice, this update form is not required.

***A STUDENT WILL NOT BE PERMITTED TO ATTEND TRYOUTS/PRACTICE WITHOUT PROOF OF A MEDICAL EXAMINATION AND/OR MEDICAL HISTORY UPDATE SHEET.***

Modified Football – Basketball – Lacrosse Medical Update Form

Modified Football – Basketball – Lacrosse Medical Update Form



**LaFayette High School**

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