

**ST. DOMINIC HIGH SCHOOL
110 ANSTICE STREET
OYSTER BAY, NEW YORK 11771**

SPORTS HEALTH UPDATE

Dear Parent of Guardian:

Your child has been examined and approved for participation in interscholastic sports for this school year. A health history review is required prior to tryouts for each sports season. A re-examination and re-qualification may be required to participate in interscholastic sports for this season.

Please respond to the questions below and return or fax (516-922-4898) this form to the health office. If you have any questions, please call the Health Office at (516) 922-4888 ext. 5166.

School Nurse

Student: _____ Grade: _____

Sport: _____

*Answering "Yes" to any of these questions will not automatically exclude the student from participation.

Since the interscholastic sports physical has your child:

Had any injuries requiring medical attention?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had an illness lasting more than 5 days	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been taking any medication under a doctor's care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any surgery or fractures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been treated in a hospital or emergency room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Developed any allergies or chronic disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reported feeling faint, dizzy or fatigued after exercise or exertion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had a change in wearing glasses or contact lenses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answer to any of the above is yes, please describe below and attach a note from the child's physician clearing the student for participation in interscholastic sports. (Please understand that the school physician has the final authority to determine the physical capability of a student to participate in a sport.)

Parent/Guardian Signature: _____ Date: _____