

**T A P P A N Z E E H I G H S C H O O L**  
**H E A L T H O F F I C E**

---

To Prospective Athletes and Parents:

**STEPS REQUIRED FOR INTERSCHOLASTIC ATHLETIC CERTIFICATION**

Pick up permission forms and Health history forms from Athletic Office-Ms. Narcisco

2. Have forms filled out and signed by Parent/Guardian and return promptly to the nurse.

Pre-Physical Screening (URINE, BLOOD PRESSURE AND PULSE) are done prior to the school doctor's physical.

4. Physicals are given by the school doctor after school in the nurse's office. A late bus is available for those needing transportation home.
5. Sports Participation Cards completed and signed by the nurse are given to each coach before the first practice. Only those students who have completed Sports Participation Cards may practice.
6. Any student who is injured and out for more than (5) days is NOT allowed to participate in the sport. The student's Sports Participation Card will be given to the school trainer.

In order to be re-certified, the student must be re-examined by the school physician. Approval and re-certification will be noted on the Sports Participation Card by the trainer and returned to the coach.

As the student moves from sport to sport during the year, a physical update form is picked up in the Athletic Office, completed by the parent and given to the nurse for review.

**Irene Mullins R.N.**  
**School Nurse (845) 680-1647**

Name of Student: \_\_\_\_\_ Sport: \_\_\_\_\_ Grade: \_\_\_\_\_

**South Orangetown Central School District  
Tappan Zee High School**

160 Van Wyck Road, Blauvelt, New York 10913

**INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION**

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

**PART A - TO BE COMPLETED BY THE PARENT OR GUARDIAN**

**NOTE:** "YES" to any of these questions does not mean automatic disqualification from the athletic activity. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

The answers to the questions on this form will be held in the school health office and will be kept confidential.

**HISTORY SINCE LAST HEALTH APPRAISAL**

If the answer to any of the following questions is "YES", in PART B of this form, please describe the condition or situation that prompted your answer

**CHECK ONE**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Any injuries requiring medical attention?                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Any illness lasting more than five (5) days during the school year?        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Taking medicine or under physician's care at this time.                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Any feeling of faintness, dizziness or fatigue after exercise or exertion. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Change in wearing glasses or contact lens?                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Any surgical operations or fractures?                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Any treatment in a hospital or emergency room?                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Developed any allergies?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Any chronic disease?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**PART B - TO BE COMPLETED BY PARENT OR GUARDIAN.**

Describe the condition or situation that caused any questions in PART A to be answered "YES".

**PART C - PARENTAL PERMISSION**

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate in the school sports program. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE RETURN TO THE SCHOOL HEALTH OFFICE**