



**Duanesburg Central School District**  
**Interim Health Information for Physical Education & Athletics**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Sport \_\_\_\_\_

1. Since your last physical, have you had any serious illness or injury?

Yes No

If yes, diagnosis of illness or injury \_\_\_\_\_

Was hospitalization (including Emergency Room Evaluation) required?

Yes No

If surgery was required, please specify \_\_\_\_\_

If yes, have you had written clearance to resume all Physical Education activities as of this date?

Yes No

2. Since your last physical, have you been diagnosed with any **cardiac problems** including **high blood pressure**?

If yes, what treatment has been prescribed \_\_\_\_\_

3. Do you have a history of stinging insect allergies or asthma?

Yes No

4. Do you carry an Epi-Pen or Inhaler?

Yes No

5. Are you presently on any medication?

Yes No

If yes, note the name of the medication and dosage \_\_\_\_\_

6. Have any members of your family under the age of 50 had a heart attack, heart problem, or died unexpectedly?

Yes No

7. Are you able to run 1/2 mile without stopping?

Yes No

If you have had any serious illness or injury since your last physical, **WRITTEN** clearance from the attending physician is required before the school nurse will authorize your participation in any sport.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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## PLEASE RETURN TO THE SCHOOL HEALTH OFFICE

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**PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE**

Sports Participation:

Approved

Referred to School Physician

Signed: \_\_\_\_\_  
School Health Office

Date: \_\_\_\_\_

If referred to the School Physician:

Requalified

Disqualified

Signed: \_\_\_\_\_  
School Physician

Date: \_\_\_\_\_