THE ALBANY ACADEMIES

SPORTS INTERVAL HEALTH FORM

Student: _____ DOB: _____ Grade: _____

Parent or Guardian: Prior to tryout sessions or practices at the beginning of each season, a health history review for each athlete needs to be conducted. The Health History Form must be returned to the Nurse's Office for review prior to be cleared for sports participation.

Please answer the following questions:	YES	NO
Has the student had a medical illness or injury lasting more than five days since the last check up or sports physical?		
Has the student been told to not participate in sports for a medical reason?		
Has the student ever been restricted from participation in sports due to any heart problems (heart disease, murmur, hypertension, or chest pain)?		
Has the student experienced chest pain, dizziness, or fatigue after exercise?		
Has the student been diagnosed with Asthma?		
Has the student been prescribed with an inhaler? If yes, is a MD and parent order on file in the health office for the student to self-carry inhaler?		
Has the student ever had an allergic reaction to bees, food, medication etc? (List allergies)		
Does the student have any other allergies? (List allergies)		
Is the student missing an organ or is on significantly impaired?		
Does the student have any chronic illness (diabetes, seizures, bleeding disorder etc)?		
Has the student had any recent surgeries/procedures? (Explain below)		
Has the student had a fracture, sprain or dislocation in the last year?		
Is the student taking medicine regularly? (explain below)		

COVID-19 Questions

Has your child ever tested positive for COVID-19? _____

If previously positive for COVID-19, please answer the following questions:

When did your child test positive for COVID-19? _____

Was your child symptomatic? _____

Did your child have any cardiac symptoms (new or slow hear rate, chest tightness or pain, blood pressure change, or HCP diagnosed cardiac condition)? _____

Was your hospitalized? _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____