



Athletic Update Medical and Eligibility Certification

**CORNING-PAINTED POST
AREA SCHOOL DISTRICT**

Students are the center of all we do.

Name (Print) _____ Birthdate _____ Age _____
Last First Middle

Address _____ City/Zip _____

School _____ Sex (Circle) Male Female Grade _____

Phones: Home _____ Emergency _____ Ht. _____ Wt. _____
 Work _____

Sport (Write in) _____ Level: Varsity J.V. 7th & 8th

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

Sports Candidates Questionnaire - History since last medical exam

(please check and elaborate in space provided as necessary)

- _____ 1. Any injuries requiring medical attention? _____
- _____ 2. Any illness lasting more than five (5) days? _____
- _____ 3. Taking any medicine or under physician's care at this time? _____
- _____ 4. Any feeling of faintness, dizziness or fatigue after heavy exertion? _____
- _____ 5. Wears glasses or contact lenses? _____
- _____ 6. A surgical operation or fracture? _____
- _____ 7. Treated in a hospital or Emergency Room? _____
- _____ 8. Any reason why this person cannot participate in any sport? _____
- _____ 9. Any known allergies? _____
- _____ 10. Any chronic diseases? _____

* NOTE: "Yes" answers to any of these questions do not mean automatic disqualification from the athletic activity indicated. They will require review and evaluation by the school physician.

Permission

We understand clearly that the questions are asked in order to decide if this student is in a proper condition to participate in the athletic activity named at the top of this form. The answers are correct as of the date this form is signed. All answers will be kept confidentially in his/her health record in the school health office.

Signature of Parent/Guardian _____ Date _____ Signature of Student _____ Date _____

(To be filled in by nurse)

Date of last approved sports physical _____

This certifies that the above student is physically qualified to participate in all areas of Interscholastic Athletic competition during the: Fall Winter Spring

Restrictions include: None or _____