

RIVERDALE PUBLIC SCHOOL DISTRICT

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INTERIM HEALTH HISTORY – 2nd SPORT

This form should be used during the interval between preparticipation evaluations. Positive responses should prompt a medical evaluation.

What sport are you intending to play? _____

Have you missed more than 3 consecutive days of participation in usual activities because of an injury this past year? Yes _____ No _____

If yes, please indicate:

a. Site of injury _____

b. Type of injury _____

Have you missed more than 5 consecutive days of participation in usual activities because of an illness, or have you had a medical illness diagnosed that has not been resolved in this past year?

Yes _____ No _____

If yes, please indicate type of illness: _____

Have you had a seizure, concussion or been unconscious for any reason in the last year?

Yes _____ No _____

Have you had surgery or been hospitalized in the past year? Yes _____ No _____

If yes, please indicate:

a. Reason for hospitalization _____

b. Type of surgery _____

List all medications you are presently taking and what condition the medication is for:

a. _____

b. _____

c. _____

Are you worried about any problem or condition at this time: Are you worried about any problem or condition at this time: Yes _____ No _____

If yes, please explain: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Athlete _____

Signature of Parent _____

Date _____