



# Holy Angels Regional School

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## Sports Candidate Questionnaire Medical Update Form

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

Date of Last  
Sports Physical \_\_\_\_\_

Sport  
Participating In \_\_\_\_\_

### HISTORY SINCE LAST SPORTS EXAM

ITEM	YES	NO
1. Any injuries requiring medical attention since last sports physical exam? If yes, please explain _____		
2. Any illness testing more than five (5) days? If yes, please explain _____		
3. Taking any medicine or under physician's care at this time? If yes, please explain _____		
4. Treated in a hospital or emergency room? If yes, please explain _____		
5. Has the student had any serious illness since last sports physical exam? If yes, please explain _____		
6. Do you know of any reason why the student cannot participate in any sport? If yes, please explain _____		
7. Since the last sports physical exam, has your child had a concussion or head injury of any kind, in or out of school? If yes, please explain _____		

### PERMISSION

We understand clearly that these questions are asked in order to decide if this student is in a proper condition to participate in the sport 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 the student's health record in the school health office.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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