

SARATOGA SPRINGS MIDDLE SCHOOL and HIGH SCHOOL  
SARATOGA SPRINGS, NEW YORK

**30 DAY HEALTH UPDATE**

**FORM TO BE FILLED OUT & DATED NOT MORE THAN 30 DAYS PRIOR TO SEASON START**

**PERTAINS ONLY TO INJURY OR ILLNESS SINCE LAST PHYSICAL**

NAME \_\_\_\_\_ GR \_\_\_\_\_ SPORT \_\_\_\_\_ LEVEL \_\_\_\_\_  
(print)

**CIRCLE Y (Yes) / N (No). IF THE RESPONSE IS YES INDICATE DATE AND DESCRIPTION OF ILLNESS OR INJURY**

Y / N 1. Any injuries requiring medical attention? \_\_\_\_\_

Y / N 2. Any illness lasting more than 5 days? \_\_\_\_\_

Y / N 3. A surgical operation or fracture? \_\_\_\_\_

Y / N 4. Treated in hospital or emergency room? \_\_\_\_\_

Y / N 5. Any feeling of faintness, dizziness or fatigue after heavy exertion? \_\_\_\_\_

Y / N 6. Any known allergies? \_\_\_\_\_

Y / N 7. Any chronic disease? \_\_\_\_\_

Y / N 8. Wear contact lenses or glasses? \_\_\_\_\_

Y / N 9. Any reason student should not participate in a sport? \_\_\_\_\_

Y / N 10. Taking any medications or under Dr.'s care at this time? \_\_\_\_\_

**PLEASE ADD ANY OTHER PERTINENT MEDICAL INFORMATION OR CONDITION WHICH WOULD EITHER PROHIBIT OR CAUSE HIM / HER TO BE ENDANGERED BY PARTICIPATION.**

\_\_\_\_\_  
\_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DAY TIME PHONE: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NURSE: \_\_\_\_\_ DATE \_\_\_\_\_