

PSAL Interval Health History Form

As part of the PSAL return to activity, all students must provide the necessary medical consent forms in order to participate. We encourage all students to see their medical provider for a new pre-participation exam. However, the pandemic may impact a student's ability to secure an appointment.

In line with an extension granted by the New York State Education Department and in consultation with the NYC Department of Health and Mental Hygiene, students will have the opportunity to use a prior PSAL Pre-Participation Exam Form if they meet the following conditions:

1. Form is dated July 1, 2019 or later
2. A receipt from the interval health history form that indicates the student may participate using a prior exam form. For paper forms, this receipt will be sent directly to the Athletic Director.

The interval health history form must be submitted within 30 days of the start of participation.

Based upon the answers provided on the interval health history form, the Athletic Director will receive an email indicating whether your student may participate using their previously submitted pre-participation exam form or if it is necessary for your student to visit their provider for a new pre-participation physical exam. The Athletic Director can provide you with a copy of the clearance receipt.

Questions about the interval health history form should be discussed with the student's Athletic Director and or school nurse.

The answers to this form are confidential and will not be shared with the Athletic Director, coach, or any other school-based personnel. Allergies and medications submitted on the form will appear on the receipt that you will submit to the Athletic Director.

PSAL Interval Health History Form

Last Name		First Name	
Date of Birth	OSIS#	Age	Grade
School		Campus (if applicable)	

Medicines and Allergies

Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

	Do you carry an Inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you carry an epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies? If yes, please identify specific allergies below:	

DATE OF LAST PRE-PARTICIPATION PHYSICAL EXAM: _____

HEALTH HISTORY TO BE COMPLETED BY PARENT/GUARDIAN, PROVIDE DETAILS TO ANY YES ANSWERS ON BACK.

Since your last pre-participation physical exam, was your child diagnosed with any of the following?	YES	NO
Heart infection		
High Blood Pressure		
High Cholesterol		
Heart Murmur		
Low Blood Pressure		
Kawasaki Disease		
Seizure Disorder/ Epilepsy		
Asthma		
Anemia		
Diabetes		
Sickle Cell Anemia or Trait		
Mononucleosis		
Bleeding Disorder(s)		
Fracture or Stress Fracture		
Head Injury or Concussion		
My child is missing an organ or has a non-functioning kidney, eye, testicle, or spleen		
My child has a pacemaker		

Since your last pre-participation physical exam, has your child experienced any of the following?	YES	NO
Getting more tired or short of breath during exercise		
Wheezing or coughing frequently during or after exercise		
Headaches with exercise		
Unexplained seizure(s)		
Passing out during or after exercise		
Light-headedness or dizziness during or after exercise		
Chest pain, tightness, or pressure during or after exercise		
Fluttering in their chest, skipped beats, heart racing		
Becoming ill while exercising in hot weather		
Hit to the head that caused headache, dizziness, nausea, or confusion		
Vision changes or vision loss		
Hearing changes or hearing loss		
Stomach problems		
GENERAL QUESTIONS: Since your child's last exam, has your child had:	YES	NO
A test for their heart ordered by a health care provider (such as an EKG, echocardiogram, or stress test)		
A new prescription for an inhaler or medicine for asthma or to help breathing		
Any rashes, pressure sores, Herpes, MRSA or other skin infections		

Since your last pre-participation physical exam, has your child:		
	YES	NO
Had an injury, pain, or swelling of a joint that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
Had a bone, muscle, or joint injury that bothers them or affects their activity?		
Have joints that become painful, swollen, warm, or red		
Ever been unable to move arms or legs, or had tingling, numbness, or weakness after being hit or falling?		
Had any changes or problems with periods		
Groin pain or bulge or hernia in the groin		
Since your child's last pre-participation physical exam, has:		
	YES	NO
A doctor ever denied or restricted your child's participation in sports for any reason?		
Your child been admitted to the hospital or had surgery?		
Any relative newly diagnosed with a heart condition, such as murmur or irregular heartbeat?		
Any relative die of heart problems before age 50?		

COVID-19 Information		
	YES	NO
Has your child ever tested positive for COVID-19?		
Did your child ever have symptoms of COVID-19 infection? (symptoms could include fever, chills, fatigue, body aches, new loss of smell and tastes, unexplained cough, shortness of breath, or trouble breathing)		
Did your child ever see a health care provider for COVID-19 symptoms?		
Did your child have any of the symptoms below:	Yes	No
New fast or slow heart rate		
Chest pain or tightness		
New or unexplained fainting or fatigue		
A new heart condition or blood pressure changes diagnosed by health care provider		
Is your child under a health care provider's care for COVID-19 symptoms?		
Was your child hospitalized due to COVID-19?		
Was your child diagnosed with Multisystem Inflammatory Syndrome (MIS-C)?		

Since your child's last pre-participation physical exam, has your child started using any new medical devices such as:					
	Yes	No		Yes	No
Brace, Orthotics, or Prosthetic			Glucose sensor		
Protective Eyewear (like goggles or face shield)			Ostomy bag		
Insulin Pump			Other Device		
General Questions:					
Does your child worry about their weight, or has a health care provider recommended that they gain or lose weight?					
Has your child ever had an eating disorder?					

Please explain fully any question you answered yes to in the space below. (Please print clearly and provide dates if known.)

Parent/Guardian Signature: _____ Date: _____