Berlin/New Lebanon NYSED Interval Health History for Athletics–Two Page Form Both pages must be completed.	
Student Name:	DOB:
School Name:	Age:
Grade (check): ☐7 ☐8 ☐9 ☐10 ☐11 ☐12	Level (check): ☐ Modified ☐ Fresh ☐ JV ☐ Varsity
Sport:	Limitations: ☐ Yes ☐ No
Date of last health exam:	Date form completed:

Health History to Be Completed by Parent/Guardian, Provide Details to Any Yes Answers on Back.

Medicines needed at practice and/or athletic events require the proper paperwork, contact school with questions.

Has/Does your child:

General Health Concerns	No	Yes
1. Ever been restricted by a health care provider from sports participation for any reason?		
2. Have an ongoing medical condition? □ Asthma ☐ Diabetes □ Seizures ☐ Sickle Cell trait or disease □ Other		
3. Ever had surgery?		
4. Ever spent the night in a hospital?		
5. Been diagnosed with Mononucleosis within the last month?		
6. Have only one functioning kidney?		
7. Have a bleeding disorder?		
8. Have any problems with his/her hearing or wears hearing aid(s)?		
9. Have any problems with his/her vision or has vision in only one eye?		
10. Wear glasses or contacts?		

Allergies

11. Have a life-threatening allergy? Check any that apply: □ Food ☐ Insect Bite ☐ Latex □ Medicine ☐ Pollen ☐ Other		
12. Carry an epinephrine auto-injector?		
Breathing (Respiratory) Health	**No**	**Yes**
13. Ever complained of getting more tired or short of breath than his/her friends during exercise?		
14. Wheeze or cough frequently during or after exercise?		

15. Ever been told by a health care provider they have asthma?		
16. Use or carry an inhaler or nebulizer?		

Has/Does your child:

Concussion/ Head Injury History	No	Yes
17. Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told he/she had a concussion?		
18. Ever had a head injury or concussion?		
19. Ever had headaches with exercise?		
20. Ever had any unexplained seizures?		
21. Currently receive treatment for a seizure disorder or epilepsy?		
Devices/Accommodations	**No**	**Yes**
22. Use a brace, orthotic, or other device?		
23. Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)? If yes, there may be need for another required form to be filled out.		
24. Wear protective eyewear, such as goggles or a face shield?		

Family History	No	Yes
25. Have any relative who's been diagnosed with a heart condition, such as a murmur, developed hypertrophic cardiomyopathy, Marfan Syndrome, Brugada Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, or catecholaminergic polymorphic ventricular tachycardia?		

Females Only	No	Yes
26. Begun having her period?		
27. Age periods began:		
28. Have regular periods?		
29. Date of last menstrual period:		

Males Only	No	Yes
30. Have only one testicle?		
31. Have groin pain or a bulge or hernia in the groin?		

Berlin/New Lebanon NYSED Interval Health History for Athletics – Page 2	
Student Name:	
School Name:	DOB:

Has/Does your child:

Heart Health	No	Yes
32. Ever passed out during or after exercise?		
33. Ever complained of light headedness or dizziness during or after exercise?		
34. Ever complained of chest pain, tightness or pressure during or after exercise?		
35. Ever complained of fluttering in their chest, skipped beats, or their heart racing, or does he/she have a pacemaker?		
36. Ever had a test by a health care provider for his/her heart (e.g. EKG, echocardiogram stress test)?		
37. Ever been told they have a heart condition or problem by a health care provider? If so, check all that apply: ☐Heart infection ☐Heart Murmur ☐High Blood Pressure ☐Low Blood Pressure ☐High Cholesterol ☐Kawasaki Disease ☐Other:		

Injury History	No	Yes
38. Ever been diagnosed with a stress fracture?		

Has/Does your child:

Injury History continued	No	Yes
39. Ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?		
40. Ever had an injury, pain, or swelling of joint that caused him/her to miss practice or a game?		
41. Have a bone, muscle, or joint injury that bothers him/her?		
42. Have joints become painful, swollen, warm, or red with use?		
Skin Health	**No**	**Yes**
43. Currently have any rashes, pressure sores, or other skin problems?		
44. Have had a herpes or MRSA skin infections?		
Stomach Health	**No**	**Yes**
45. Ever become ill while exercising in hot weather?		
46. Have a special diet or need to avoid certain foods?		
47. Have to worry about his/her weight		
48. Have stomach problems?		
49. Ever had an eating disorder?		

COVID-19 Information	No	Yes
50. Has your child ever tested positive for COVID-19?		
51. Was your child symptomatic?		
52. Did your child see a healthcare provider (HCP) for their COVID-19 symptoms?		
53. Did your child have any cardiac symptoms (new fast or slow heart rate, chest tightness or pain, blood pressure changes, or HCP diagnosed cardiac condition)? If yes, please provide additional information.		
54. Was your child hospitalized? If yes, provide date(s)?		
If yes, was your child diagnosed with Multisystem Inflammatory syndrome (MISC)?		
If yes, is your child under a HCP's care for this?		

Please explain fully any question you answered yes to in the space below, including dates if known.

Use additional pages if necessary.

Parent/Guardian Signature:

Date:

Appendix D

Berlin Central School District is committed to ensuring the safety and health of all our student-athletes, faculty, staff, and spectators. Each of these individuals play an important role in keeping our community safe by limiting the spread of COVID-19. As a student-athlete, I understand that I have a personal responsibility to take steps to protect those around me to limit the spread of COVID-19 and ensure a safe environment for all students.

In order to reduce my risk of contracting COVID-19, I commit to reviewing these guidelines and understand that my School District may provide updates as additional information is learned. It is my responsibility to stay apprised of these changes to protect myself and classmates.

As a Rensselaer County student-athlete, I pledge to:

- Stay safe, healthy, and informed of COVID -19 updates both on and off the field.
- Follow face mask, hygiene and social distancing guidelines and all of the additional health and safety requirements of the school.
- Participate in testing, self-quarantining, and contact tracing as required.
- Promote a healthy environment and complete daily health attestations.
    - Know that I am a role model for my team members and community.
- Unite with my team members and school community to have a memorable season.
- Lead by example and support members of my team, who may be experiencing physical and mental health challenges

I have read, understand, agree to comply with the District Athletic Community Pledge. I recognize that COVID-19 is a highly contagious virus and it is possible to contract and develop the COVID-19 disease even if I follow all of the safety recommendations of the school and comply with the pledge. I understand that even though the school is following the guidelines issued by the CDC and other experts to reduce the spread of infection, a COVID-19 free environment can never be guaranteed. I understand that if I do not honor my pledge, I would be failing to comply with a legitimate school directive and pursuant to school and Section II policies, students, faculty, and staff will be subject to the appropriate accountability measures and disciplinary actions.

The Berlin Central School District adheres to the highest standards of excellence both on and off the field. Sports play a critical role in developing core values in our student athletes such as leadership qualities, instilling sportsmanship, embracing diversity, fostering inclusion, integrity, and serving as role models for others to look up to in our community. These core values of our student- athletes are the champions of character.

By signing your name below you are agreeing to the District Athletic Community Pledge.

_____ _____

PRINT NAME SIGNATURE

_____

DATE

BERLIN-NEW LEBANON CENTRAL SCHOOL DISTRICT

EMERGENCY INFORMATION FOR COACH-must be completed for each sport

Student's Name _____ Grade _____ Homeroom/Teacher _____

Mailing Address _____ Home Phone _____

911 Address _____ Age _____ Date of Birth _____

Father's Name _____ Work Location _____ Phone _____

Mother's Name _____ Work Location _____ Phone _____

Step-Parent/Guardian _____ Work Location _____ Phone _____

Child lives with: (please circle): Both Parents Mother Father Other (specify) _____

Custody of Child belongs to: Both Parents Mother Father Other (specify) _____

In the event of early dismissal, illness or injury – please provide emergency contact phone numbers:

Name of relative/friend _____ Location _____ Phone _____

Name of relative/friend _____ Location _____ Phone _____

Hospital Preference _____

I give my child permission to leave practice/away games with the following individuals: (Please print name)

Parent/Guardian Signature _____ Date _____

Parent/guardian email: _____

Parent/guardian email: _____