

**JERICHO UNION FREE SCHOOL DISTRICT**

99 CEDAR SWAMP ROAD  
JERICHO, NEW YORK 11753-1202  
516-203-3600 ext. 3248

*NANCY SAMMIS  
CURRICULUM ASSOCIATE  
HEALTH EDUCATION,  
PHYSICAL EDUCATION & ATHLETICS*

May 2009

Dear Parents and Students:

Any student entering grades seven through twelve who may be interested in participating in the interscholastic athletic program during the **2009-2010** school year, must first comply with standards mandated by the New York State Education Department. These standards include a physical examination. You may choose to satisfy this requirement in one of two ways:

1. School-sponsored physical examinations will be given on **Saturday, June 6, 2009** between **7:30 AM and 11:45 AM** in the High School Little Theatre. Please complete, sign and bring:
  - The Mandatory Health History Form enclosed
2. You may make arrangements for a physical examination through a private physician. The Jericho physical form is the only form that will be accepted from your physician and is posted on line at [www.jerichoschools.org](http://www.jerichoschools.org) under Athletics/more. This **MUST** be stamped and signed by the physician.

**FOR STUDENTS WHOSE PHYSICALS EXPIRE DURING THE SCHOOL YEAR, IT IS ADVISABLE TO ATTEND THIS PHYSICAL SO THAT YOUR CHILD WILL NOT HAVE A LAPSE IN ELIGIBILITY.**

If you have any questions regarding physical examinations pertaining to athletic participation, please feel free to call the Health Office at 203-3600 ext. 3230 or 3206.

The interscholastic programs listed below may be offered during the 2009-2010 school year pending sufficient enrollment, staffing and other considerations.

**FALL August - November**

Badminton – Boys (HS only)  
Cheerleading (HS only)  
Cross Country – Boys & Girls  
Football  
Soccer - Boys  
Soccer - Girls  
Swimming - Girls  
Tennis - Girls  
Volleyball – Girls (HS only)

**WINTER November - February**

Basketball - Boys  
Basketball - Girls  
Bowling - Boys  
Bowling – Girls  
Cheerleading  
Fencing – Boys & Girls (HS only)  
Ice Hockey – Intramural (HS only)  
Swimming - Boys  
Volleyball – Boys & Girls (MS only)  
Winter Track – Boys & Girls  
Wrestling

**SPRING March - June**

Badminton–Girls(HS only)  
Baseball  
Golf – Boys (HS only)  
Golf – Girls (HS only)  
Lacrosse - Boys  
Lacrosse - Girls  
Softball  
Tennis - Boys  
Track & Field - Girls  
Track & Field - Boys  
Volleyball–Boys(HS only)

Sincerely,

Nancy Sammis  
Curriculum Associate  
Health Education, Physical Education and Athletics

Enc: Revised Health History Form

**JERICHO UNION FREE SCHOOL DISTRICT**  
**HEALTH HISTORY FOR ALL STUDENTS BEING EXAMINED BY THE SCHOOL DOCTOR**

Dear Parent or Guardian:

Please complete all the questions on the health history and update information form below. It is required that this form be completed for all students being examined by the school doctor. **Please note:** *This form does not take the place of the Parent Permission & Health History for Interscholastic Athletics.*

I. Reshef, R.N. and S. Thau, R.N.

**STUDENT HEALTH HISTORY & UPDATE**  
(To be completed by parent or guardian)

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE IN SEPT. \_\_\_\_\_

**Please check if the student has ever had any of the following:**

_____ Anemia	_____ Headaches	_____ Tuberculosis
_____ Asthma Allergies	_____ High Blood Pressure	_____ Jaundice
_____ Diabetes	_____ Heart Disease Murmur	_____ Seizures
_____ Chronic Cough	_____ Eye Problem	_____ Hearing Loss
_____ Kidney Disease	_____ Rheumatic Fever Joint Problem	_____ Stomach Pain
_____ Prolonged Bleeding		

Give dates and explanations for any conditions checked above \_\_\_\_\_

**SINCE THE LAST PHYSICAL EXAMINATION HAS YOUR CHILD HAD ANY OF THE FOLLOWING?**

	YES	NO
1. Any injuries requiring medical attention?	_____	_____
2. Any illness lasting more than 5 days?	_____	_____
3. Taking any medication/under physician's care?	_____	_____
4. Any feeling of faintness, dizziness, or fatigue after heavy exertion?	_____	_____
5. Wears glasses, contacts?	_____	_____
6. A surgical procedure/ fracture?	_____	_____
7. Treated in a hospital or emergency room?	_____	_____
8. Any reason this person should not participate in any sport?	_____	_____
9. Any excused absences from Phys. Ed.?	_____	_____
10. Any known allergies?	_____	_____
11. Any chronic disease?	_____	_____
12. Any head injury with or without loss of consciousness?	_____	_____

If you answer "YES" to the any of the above questions, please explain the reason below.

**COMMENTS:** \_\_\_\_\_

**I give permission for my child to be examined by the school doctor and/or designees. I am aware that a urine test for protein, glucose and blood will be included.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Revised 5/09