

State of New Jersey

DEPARTMENT OF EDUCATION

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Current Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes ___ No ___
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes ___ No ___
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes ___ No ___
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes ___ No ___
If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes ___ No ___
If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes ___ No ___

7. Been hospitalized or had to go to the emergency room? Yes ___ No ___
If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes ___ No ___

9. Started or stopped taking any over-the-counter or prescribed medications? Yes ___ No ___
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE'S OFFICE E14-00284

Approval of School Physician

This student may / may not participate Reason _____

Signature of School Physician _____ Date: _____