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 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

7. Been hospitalized or had to go to the emergency room? Yes

No

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

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