

HEALTH HISTORY UPDATE FOR ATHLETIC PARTICIPATION

To participate in a school sponsored sport, each student whose medical examination was completed more than 60 days prior to the first practice session shall provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent/guardian.

STUDENT _____

DOB _____ M F GRADE _____

ADDRESS _____

HOME PHONE _____

Date of last medical examination _____

Since the last medical Examination, has the child experience the following changes (please explain in full any "YES" answers, including dates):

- | | | |
|---|-----|----|
| 1. HOSPITALIZATION/OPERATIONS | YES | NO |
| 2. ILLNESSES | YES | NO |
| 3. INJURIES | YES | NO |
| 4. CARE ADMINISTERED BY A PHYSICIAN, ADVANCED PRACTICE NURSE OR PHYSICIAN'S ASSISTANT | YES | NO |
| 5. MEDICATIONS | YES | NO |

If Any, please list _____

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE BY: