New Jersey Department of Health
Health History Update Questionnaire

Student Athlete: ____________________________________________  Age: _______  Grade: _______

Date of last physical examination _____________________________  Doctor: ______________________

Emergency Contact: ___________________________  Relationship: __________  Cell: __________

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1. **Has your Son/Daughter:** 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 head injury?**  
   - Yes [ ]  
   - No [ ]

   If yes, describe in detail:

3. **Has any other health concerns (Allergies, Asthma, Diabetes, Food Allergies)**  
   - Yes [ ]  
   - No [ ]

   If yes, describe in detail:  
   (If necessary please make additional notes on the back of this form)
   Example: (Does your child carry an Epi-Pen?) (Does your child have life-threatening allergy to food, latex, medicines, pollen, high blood pressure, seizures, or infections of the ear, nose, throat, etc.)

4. **Fainted or “Blacked Out?”**  
   - Yes [ ]  
   - No [ ]

   During or after playing sports?

5. **Experienced chest pains, shortness of breath or “racing heart”?**  
   - Yes [ ]  
   - No [ ]

6. **Any recent history of fatigue and unusual tiredness?**  
   - Yes [ ]  
   - No [ ]

7. **Been hospitalized or had to go to the emergency room?**  
   - Yes [ ]  
   - No [ ]

8. **Has there been a sudden death in the family?**  
   - Yes [ ]  
   - No [ ]

9. **Has any Member of the Family: Under age of 50 had a heart attack**  
   - Yes [ ]  
   - No [ ]

10. **Started or stopped taking any over-the-counter or prescribed medications?**  
    - Yes [ ]  
    - No [ ]

11. **Been diagnosed with Coronavirus (COVID-19)?**  
    - Yes [ ]  
    - No [ ]

    If diagnosed with Coronavirus (COVID-19), were they symptomatic?  
    - Yes [ ]  
    - No [ ]

    If diagnosed with Coronavirus (COVID-19), were they hospitalized?  
    - Yes [ ]  
    - No [ ]

12. **Has any member of the student-athletes household been diagnosed with Coronavirus (COVID-19)?**  
    - Yes [ ]  
    - No [ ]

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Signature of parent/guardian: ____________________________  Date: ______________________