

New Jersey Department of Health Health History Update Questionnaire

To participate in a Saddle River Day School Program or on a athletic team, each student-athlete/coach /player, shall provide a health history update questionnaire completed and signed, if by a minor by the student's parent/guardian, and recorded for tracking purposes.

Student Athlete: _____ Age: _____ Grade: _____

Date of last physical examination _____ Doctor: _____

Emergency Contact: _____ Relationship: _____ Cell: _____

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

Signature of parent/guardian: _____ Date: _____