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 ☐ 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 ☐

10. Been diagnosed with Coronavirus (COVID-19)? Yes ☐ No ☐

    If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes ☐ No ☐

    If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes ☐ No ☐

11. Has any member of the student-athlete’s household been diagnosed with Coronavirus (COVID-19)? Yes ☐ No ☐

Date: ________________ Signature of parent/guardian: ________________

Please Return Completed Form to the School Nurse’s Office