

SAYREVILLE HEALTH HISTORY UPDATE FORM

Student's Full Name (Print) _____ Grade: _____ Gender: M F

Today's Date: _____ Sport: _____ Season (circle one) Fall Winter Spring

Date of Birth: _____ Age: _____ School (circle one): SWMHS Middle School

Home Phone #: _____ Parent/Guardian Cell Phone #: _____

Have you submitted a physical for a Sayreville sport within the last 365 days?: YES NO

If yes, for what sport? _____ If no, list date of upcoming physical exam: _____

Please list any allergies or notable medical conditions for your child: _____

Since your son/daughter's last physical examination (that was submitted for athletic participation):

Has your child been medically advised not to participate in a sport? YES / NO

Has your child sustained a concussion, been unconscious, or lost memory from a blow to the head? YES / NO

Has your child broken a bone or sprained/strained/dislocated any muscle or joints? YES / NO

Has your child fainted or "blacked out"? YES / NO If yes, was this during or immediately after exercise? YES / NO

Has your child experienced chest pains, shortness of breath, or a "racing heart"? YES / NO

Has your child had a recent history of fatigue and/or unusual tiredness? YES / NO

Has your child gone to the emergency room or been hospitalized? YES / NO

Has there been a sudden death in the family or has any family member under age 50 had a heart attack or "heart trouble"? YES / NO

Has your child started or stopped taking any over-the-counter or prescribed medications? YES / NO

Has your child 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

Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? YES / NO

Do you have any concerns about your child's health which may affect their sports participation? YES / NO

If you answered YES to any of the above questions, please explain in detail below:

Student-Athlete's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

** This form must be dated within 90 days of the start of the first practice. **