

Directions for Completing Athletics Physical Update Forms

- Use **pen** to complete all forms.
- **Page one** – Complete all demographics and emergency contact information.
- **Health History Update Questionnaire** – Complete entire form. Parent must sign and date.
- **Clearance Status Letter** – Write the student's name, sport and school year in the blanks. The school physician will complete the rest.

Completed Sports Physical Update Forms are to be returned to the Nurse's Office 14 days prior to the scheduled physical date for cosign by the school physician.

Mount Olive Department of Athletics Update Form

_____	AD
_____	Credits
_____	ATC
_____	Nurse
for official use only	

*Home
Of
The
Marauders*

_____	Eligible
_____	Ineligible
_____	Probation
_____	Red Shirt
For official use only	

Today's Date: _____ Date of Last Physical: _____

Student's Name: _____ Sex: M F (circle one) Age: _____ Place of Birth _____
(City & State)

Address: _____

City/State/Zip: _____

Date of Birth: _____ Sport: _____ Home Phone: _____

Grade: _____ School: _____ District: _____

Physician: _____ Phone: _____ Fax: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to student: _____
Phone (work): _____ Phone (home): _____ Phone (cell): _____

Mount Olive Nurse's Office To Complete Information Below:

Date of Physical _____

Physical performed by _____

**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: _____

Mount Olive High School

COREY ROAD, FLANDERS, NEW JERSEY 07836

Telephone Number (973) 927-2208

Nurse Fax Number (973) 927-2210

Kevin Moore, Principal

Dr. Sumit Bangia, Ed.D, Acting Superintendent of Schools

Susan Zwastetzky, Vice Principal

David P. Falleni, Vice Principal

Robert Feltmann, Vice Principal for Student Affairs

Collen Suflay, Director of Athletics

Dear Parent/Guardian:

This letter serves as written notification that your son/daughter _____, can/cannot (circle one) participate in _____ sports for the 20____-20____ school year pursuant to N.J.A.C. 6A:16-2.2.

Please be advised that this letter reflects the recommendation of the examining physician who **completed and signed** the Athletic Pre-Participation Examination Form submitted to the school on behalf of your son/daughter.

If your child is deemed unable to participate based on an incomplete form, please ensure that the original examining physician completes the form and returns it to the school to be reviewed for eligibility.

Remarks:

Sincerely,

Physician's Stamp _____ Date_____

Physician's Signature _____