

STEP-BY-STEP GUIDE TO COMPLETE



**Sports Update
Form**

The Health History Update Questionnaire

REQUIRED FOR EVERY SEASON

- ❖ The highlighted areas must be completed in PEN
 - Name, Age, Grade
 - Last Physical Exam date
 - Sport being played that Season
 - Parent Signature and current date
 - Question 10 is required by the NJ DOE

If you are providing me with a new Physical Examination, LESS THAN 90 days old, you do NOT need to complete.

Questions 1-9 are asking if any of these incidents have happened since the LAST time your child has been seen & examined by a Licensed Healthcare Provider

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 Sufly, 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 _____