State of 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____
9. Started or stopped taking any over the counter or prescribed medications? Yes____ No____
   If yes, name of medication(s)_____
   _____

Date:_____ **Signature of parent/guardian** _____

PLEASE RETURN COMPLETED FROM TO THE SCHOOL NURSES'S OFFICE