



# ATHLETIC HEALTH HISTORY UPDATE FORM

*NORTH PLAINFIELD HIGH SCHOOL / MIDDLE SCHOOL*

34 Wilson Avenue, North Plainfield NJ 07069

NAME: \_\_\_\_\_ ID: \_\_\_\_\_ SPORT: \_\_\_\_\_

The attached "Health History Update Form" is to be completed by the athlete and parent/guardian for those students who have a current athletic physical (less than 1 year old on the first day of practice) on file with the Nurse's Office. Please answer all questions and provide updated health history information that has changed since the student athlete received this pre-participation physical exam. The attached forms must be completed and returned to the school nurse prior to participation. **\*\*\* The physical exam must be less than 1 year old on the student's first day of practice\*\*\***

**GENESIS SPORT PARTICIPATION FORMS:** parents and students must read the listed forms together on the Genesis Parent Portal under "FORMS". Once read, click agree and **PLEASE SIGN BELOW.**

**PERMISSION FORM:** for physical, for participation, NJSIAA regulations, school code of conduct, academic eligibility, for treatment of injuries, concussion guidelines and baseline testing, sudden cardiac death, opioid abuse awareness, eye injury and safety and athletic injury insurance, etc.

**NJSIAA STEROID TESTING POLICY**

**SUDDEN CARDIAC DEATH**

**NJSIAA OPIOID AWARENESS FORM**

**CONCUSSION AND HEAD INJURY AWARENESS**

**EYE INJURY SAFETY SHEET**

**CARDIAC SCREENING PERMISSION FORM**

***By signing below student and parent acknowledge that they have read, understand and agree to all of the information in the Genesis Sport Participation Forms:***

Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*STUDENTS WILL ONLY BE PERMITTED TO PARTICIPATE IN ATHLETICS ONCE ALL OF THESE REQUIREMENTS ARE COMPLETED AND APPROVED BY ATHLETICS, THE SCHOOL NURSE AND THE SCHOOL PHYSICIAN\*\*\***

**Approved:** \_\_\_\_\_ School Nurse \_\_\_\_\_ Athletics

# New Jersey Department of Education

## Health History Update Form

North Plainfield HS/MS

*To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose pre-participation physical examination on file with the school was completed more than 90 days prior to the first day of official practice shall provide a health history update form completed and signed by the student's parent or guardian.*

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Current Pre-Participation Physical Exam: \_\_\_\_\_ Sport: \_\_\_\_\_

Since the last pre-participation physical examination has your son/daughter:

1. Been medically advised not to participate in a sport? Yes \_\_\_ No \_\_\_
2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes \_\_\_ No \_\_\_
3. Broken a bone or sprained/strained/ dislocated any muscles or joints? Yes \_\_\_ No \_\_\_
4. Fainted or "blacked out"? Yes \_\_\_ No \_\_\_
5. Experienced chest pains, shortness of breath or "racing heart"? Yes \_\_\_ No \_\_\_
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 \_\_\_
8. Since the last pre-participation physical exam on file with the school, has there been a sudden death in the family or has a family member 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 household been diagnosed with Coronavirus (COVID 19)? Yes \_\_\_ No \_\_\_

Please explain any "YES" answers here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_