

## 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, describe 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 an 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

Date:

Signature of parent/guardian:

**Please Return Completed Form to the School Nurse's Office**