

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 ___
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE'S OFFICE

IRVINGTON PUBLIC
SCHOOLS
ATHLETICS DEPARTMENT
Office: 973-399-6843



Mr. Dan Sanacore, Director
Athletics & Physical Education
DSanacore@Irvington.k12.nj.us

Dear Parent/Guardian:

This letter serves as written notification that your son/daughter _____
can/cannot participate in sports for the 2014-2015 school year pursuant to N.J.A.C. 6A:16-2.2.
Please be advised that this letter reflects the recommendation of the examiner and the school
physician who has *reviewed* the health history and pre-participation physical exam submitted to
the school on behalf of your son/daughter.

HISTORY REVIEWED BY AND STUDENT EXAMINED BY:

PHYSICIAN'S/PROVIDER'S STAMP:

- Primary Care Provider
 School Physician Provider
 License Type:
 MD/DO
 APN
 PA

- Clear for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation and treatment for _____
 Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____
Reason _____

Recommendations _____

Physician's/Provider's Signature: _____ Date: _____

RESERVED FOR SCHOOL DISTRICT USE

PARENT NOTIFICATION INDICATES:

- Clear for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation and treatment for _____
 Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____
Reason _____

Recommendations _____

History and Physical Reviewed by: _____ Date: _____
School Physician

For Office Use Only: *Date Received* _____

Health History _____ *Physical Exam* _____ *Concussion Test* _____

All sign-off's complete _____ *Academic Eligibility* _____