

## 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

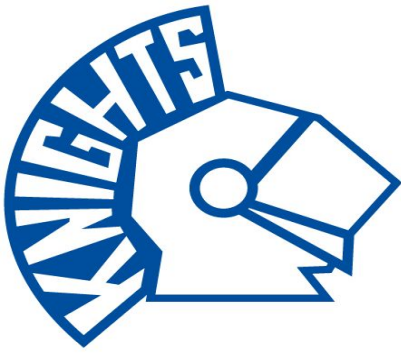
If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes No

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: \_\_\_\_\_

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



**Dr. John Taylor**  
**Director of Athletics**  
**Irvington Public Schools**  
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### **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Irvington Public Schools have put in place preventative measures to reduce the spread of COVID-19; however, Irvington Public Schools cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, participating in athletics programs with Irvington Public Schools could increase your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, you, the parent or legal guardian, acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that your child(ren), yourself, a family member, or another entrusted with the care of your child(ren) may be exposed to or infected by COVID-19 by participating as an athlete, manager, spectator, or designated transportation party (either via vehicle, public transportation, school transportation, or walking) and that such exposure or infection may result in personal injury, illness, permanent disability, and death. This may include games, practices, bus travel, changing in the locker rooms, watching game film on-campus, eating team meals, using bathroom facilities, and/or handling equipment. You understand that the risk of becoming exposed to or infected by COVID-19 at Irvington Public Schools or another campus where a team may be competing, may result from the actions, omissions, or negligence of district personnel and others, including, but not limited to, Irvington Public Schools employees, volunteers, and program participants and their families. You, the parent or legal guardian, voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to your child(ren) or yourself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that you or your child(ren) may experience or incur in connection with your child(ren)'s attendance at the Irvington Public School-sponsored athletic events or participation in Irvington Public Schools athletic programming ("Claims"). On your behalf, and on behalf of your children, you hereby release, covenant not to sue, discharge, and hold harmless Irvington Public Schools, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. You understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Irvington Public Schools, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Irvington Public Schools program.

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**Signature of Parent/Guardian**

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**Date**

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**Print Name of Parent/Guardian**

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**Name of Athletic Department Participant**