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 FORM TO THE SCHOOL NURSE'S OFFICE
TOWNSHIP OF UNION BOARD OF EDUCATION
PARENTAL/GUARDIAN CONSENT

Student’s Name: ___________________________ Last Name ___________ First Name ___________ Sex: M □ F □ (circle one)

School: ___________________________ Circle Grade: 7 8 9 10 11 12 HR# ___________

I/We hereby give consent for my/our child to participate in ___________________________
(Name of Sport)

I/We release the school from all liability resulting from participation in this program.

Realizing that such activity involves the potential for injury, which is inherent in all sports, I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or death. I/We acknowledge that I/We have read and understand this warning.

I/We will be responsible for any athletic equipment loaned to my child by the school and will reimburse the school for any loss.

I/We understand that in case of injury to my child, all medical bills will be submitted to my/our insurance company first.

I/We also understand that only those medical expenses not covered by my/our own personal or group insurance are eligible for coverage by the Board of Education’s Insurance policy up to certain limits.

I/We also understand that I/We are liable for any medical bills remaining after above procedures have been carried out.

Students must have a medical examination by school or family physician.

Parent/Guardian’s Name: (Print) ___________________________

Address: ___________________________________ Telephone # ___________

Telephone Number of Parent/Guardian during day: Father ___________________________

Mother ___________________________

In case of emergency, if parent/guardian cannot be contacted, notify:

Name/Relation: (Print) ___________________________ Phone: ___________

Student’s Signature: ___________________________ Date: ___________

Parent/Guardian’s Signature: ___________________________ Date: ___________

***RETURN THIS PAGE TO YOUR COACH***