

MEDFORD TOWNSHIP PUBLIC SCHOOLS
Department of Pupil Personnel Services

HEALTH HISTORY UPDATE FOR ATHLETIC PARTICIPATION

In order to participate on a school athletic team or squad, each candidate whose medical examination was completed for a prior sports season must provide a health history update of medical problems occurring since the last physical examination. This shall be completed and signed by the parent within 60 days of the first tryout day.

STUDENT'S NAME: _____ **GRADE:** ____ **SCHOOL:** _____

BIRTHDATE: _____ **DATE OF LAST PHYSICAL:** _____

DATE FORM IS DUE: March 1, 2010_____

Since the last medical examination, has the student had any of the following? (Please explain in full any "yes" answers, including dates):

- | | | |
|--|-----|----|
| 1. Hospitalization/Emergency Room Visits/Operations? | YES | NO |
| 2. Illnesses? | YES | NO |
| 3. Injuries/Sprains/Strains? | YES | NO |
| 4. Currently under any medical care for any reason? | YES | NO |
| 5. Medications? | YES | NO |
| 6. Been medically advised NOT to participate in physical education or sport activities? | YES | NO |
| 7. Wear protective equipment or brace for any prior injury? | YES | NO |

I give permission for my child to participate in _____
Name of Intramural or Interscholastic Sport

Parent/Guardian Signature: _____ **Date:** _____

Please note that any changes in health status must be reviewed by the school physician and clearance given before the student may participate in the sport.

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE BY THE DUE DATE LISTED ABOVE.