

**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: \_\_\_\_\_

**HADDONFIELD PUBLIC SCHOOLS ATHLETIC EMERGENCY INFORMATION**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ H# \_\_\_\_\_  
W# \_\_\_\_\_  
other# \_\_\_\_\_

Address: \_\_\_\_\_

Allergies to food and/or drugs: \_\_\_\_\_

Known medical problems: \_\_\_\_\_

List Medications: \_\_\_\_\_

If you are uninsured, can someone contact you about family care?    YES                    NO

Health insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Emergency contacts, other than parent/guardian. MUST HAVE TRANSPORTATION.

1. \_\_\_\_\_ Home#: \_\_\_\_\_ Work# \_\_\_\_\_

2. \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Sport: \_\_\_\_\_ Grade \_\_\_\_\_

**Office Use Only**

Medical Quest Y\_\_ N\_\_                    GPA \_\_\_\_ Credits \_\_\_\_

Physical Date \_\_\_\_\_                    Eligible? Y\_\_ N\_\_