

Washington Township Public Schools
HEALTH HISTORY UPDATE QUESTIONNAIRE
 (INTERSCHOLASTIC/INTRAMURAL ATHLETIC PROGRAM REQUIREMENT)

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 and less than 365 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.

SECTION A: Student Demographic Information

School: _____ Grade _____
 Student _____ Age _____
 Date of Last Physical Examination _____ Sport _____

SECTION B: Medical Information Update

Since the last Preparticipation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? If yes, describe in detail Yes _____ No _____
2. Sustained a concussion, been unconscious or lost memory from a blow to the head? If yes, describe in detail Yes _____ No _____
3. Broken a bone or sprained/strained/dislocated any muscle or joints? If yes, describe in detail Yes _____ No _____
4. Fainted or "blacked out?" If yes, was this during or immediately after exercise? Yes _____ No _____
5. Experienced chest pains, shortness of breath or "racing heart?" If yes, describe in detail Yes _____ No _____
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? If yes, describe in detail Yes _____ No _____
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? If yes, name of medication(s) Yes _____ No _____

SECTION C: Immunization Update

Please list any recent immunization(s) and the date(s) administered.

Description of ImmunizationDate Administered

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

SECTION D: Parent Signature

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO THE SCHOOL ATHLETIC OFFICE