

# 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