

State of New Jersey
Department of Education
Parental Sign off Sheet

School _____

We acknowledge that we have received and reviewed the Sudden Cardiac Death in Athletes Pamphlet.

We acknowledge that we have received and reviewed the Concussion Policy Pamphlet.

We acknowledge that we have received and reviewed the Eye Safety Pamphlet.

Student signature _____

Print name _____

Parent/Guardian signature _____

Print name _____

Date _____

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