

EDISON TOWNSHIP BOARD OF EDUCATION
EDISON, NEW JERSEY 08837

HS Form #14G

SEASON: ____ Fall ____ Winter ____ Spring
SPORT: _____

HEALTH HISTORY UPDATE FOR INTERSCHOLASTIC &/ or INTRAMURAL PARTICIPATION

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination (HS Form #14C) was completed more than **90 days** prior to the first day of official practice **MUST** provide a **health history update questionnaire** (HS Form #14G) of medical issues experienced since last medical examination.

Must be completed and signed by the student's parent or guardian.

PRINT CLEARLY IN INK:

Student: _____ **Grade/Section:** _____ **Student ID#:** _____
(Last, First, Middle Initial)

Address: _____ **Home Phone:** (____) _____ - _____

Cell Phone: (____) _____ - _____ **Date of last Medical Examination:** ____/____/____ **Male:** ____ **Female:** ____

Since the last physical examination, has your child EXPERIENCED the following (please explain in detail any **"YES"** answers):

- | | | |
|---|-----|----|
| 1. Been medically advised not to participate in a sport? | Yes | No |
| 2. Sustained a concussion, been unconscious or lost memory from a blow to the head? | Yes | No |
| 3. Broken a bone or sprained/strained/dislocated any muscle or joints? | Yes | No |
| 4. Fainted or "blacked out?" | Yes | No |
| 5. Experienced chest pains, shortness of breath or "racing heart?" | 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? | 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? | Yes | No |

DATE

SIGNATURE of Parent/Guardian

PRINTED Name Parent/Guardian

ANY CHANGES IN STATUS MAY NEED CLEARANCE BY YOUR MEDICAL PROVIDER

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE .

IMPORTANT: Forms returned AFTER due date, MAY NOT be cleared to participate PRIOR TO 1ST practice session