JACKSON TOWNSHIP SCHOOL DISTRICT

Health History Update Form

COMPLETE ONLY IF STUDENT HAS A CURRENT PRE-PARTICIPATION PHYSICAL EXAMINATION ON FILE WITH THE SCHOOL NURSE PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN PROMPTLY TO THE HEALTH OFFICE

| Last Name | | | First Name S | | | Sport (ON | port (ONLY ONE PER FORM) | | | |
|--------------------------------|---|---|--|--------------|------------|-----------|--------------------------|----------------------|------------|------|
| | M or F | | | | <u></u> | | Middle Sch | hool Atten | ded (ci | rcle |
| de | Gender (circle) | Date of Birth | H.S | . entry ye | ear | | | Goetz or Goetz or | | |
| l you p | participate in H.S. a | thletics as a 7 th o | or 8 th grade | r? YES | NO | | Other | | IVICAC | |
| Since | your last pre-parti | cipation physica | l exam, ha | ve you: | | | | | | |
| 1. | BEEN ADVISED BY A | LICENSED PHYSICIA | N NOT TO PA | ARTICIPATE | E IN SPOR | TS | | | YES | N |
| 2. | SUSTAINED A CONC | USSION, BEEN UNC | ONSCIOUS O | R LOST ME | MORY FR | OM A BLO | OW TO THE HI | EAD | YES | N |
| 3. | BROKEN A BONE, SU | JFFERED A SPRAIN C | OR STRAIN O | F SOFT TISS | SUE OR D | SLOCATE | D A JOINT | | YES | N |
| 4. | FAINTED OR BLACKE | D OUT | | | | | | | YES | N |
| 5. | EXPERIENCED CHEST | PAINS, SHORTNESS | S OF BREATH | OR HEART | RACING | | | | YES | N |
| 6. | HAD A RECENT HIST | ORY OF FATIGUE OF | R UNUSUAL T | TREDNESS | | | | | YES | N |
| | | | | | | CICNIECA | NIT II I NIECC | | YES | _ |
| 7. | BEEN HOSPITALIZED | , VISITED THE EMER | RGENCY ROO | M, OR SUF | FERED A | SIGNIFCA | IN I ILLINESS | | _ | ľ |
| 7. 8. | BEEN HOSPITALIZED HAD A SUDDEN DEA | | | M, OR SUF | -FEKED A | SIGNIFCA | INT ILLINESS | | YES | |
| 8. | HAD A SUDDEN DEA | TH IN YOUR FAMILY | Y | | | | | OUBLES | YES YES | N |
| 8. 9. 10. | HAD A SUDDEN DEA | TH IN YOUR FAMILY TIVE UNDER THE AG | Y GE OF 50 SUF OR SURGERY | FER A HEAI | RT ATTAC | K OR HAV | 'E HEART TRO | | YES | 1 |
| 8. 9. 10. If "YES" | HAD A SUDDEN DEA HAD A BLOOD RELA' . UNDERGONE A MED | TH IN YOUR FAMILY TIVE UNDER THE AG DICAL PROCEDURE C | Y GE OF 50 SUF OR SURGERY se may also r | require a no | ote of cle | arance by | 'E HEART TRO | | YES | N |
| 8. 9. 10. If "YES" | HAD A SUDDEN DEA HAD A BLOOD RELA UNDERGONE A MEE please explain in det | TH IN YOUR FAMILY TIVE UNDER THE AG DICAL PROCEDURE C ail: (a "YES" response on provided is accu | Y GE OF 50 SUF OR SURGERY se may also r | require a no | ote of cle | arance by | 'E HEART TRO | | YES | N |
| 8. 9. 10. If "YES" I certifi | HAD A SUDDEN DEA HAD A BLOOD RELA UNDERGONE A MED please explain in det ty that the information | THE IN YOUR FAMILY TIVE UNDER THE AG DICAL PROCEDURE OF THE AG DICAL PROCEDURE OF THE AG THE | Y SE OF 50 SUF OR SURGERY se may also i | require a no | ote of cle | arance by | 'E HEART TRO | medical pers | YES | |