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 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.

Student: Grade/Section:					Student ID#:		
	aress:	·····	Home	Phone: (_)		
Cel	l Phone: ()	Date of last Physic	al Examination:	_!!	Male:	Female:	
	ce the last physical examination Been medically advised not t		<u>D the following (please</u>	explain in det	tail any " YES " a Yes		
2.	Sustained a concussion, bee	en unconscious or lost mem	ory from a blow to the	e head?	Yes	s No	
3.	Broken a bone or sprained/s	trained/dislocated any musc	de or joints?		Yes	s No	
4.	Fainted or "blacked out?"				Yes	s No	
5.	Experienced chest pains, sh	ortness of breath or "racing	heart?"		Yes	s No	
6.	Has there been a recent his	ory of fatigue and unusual ti	iredness?		Yes	s No	
7.	Been hospitalized or had to go to the emergency room?				Yes	s No	
	Since the last physical exami family under age 50 had a he			nily or has ar	ny member of Yes		
9.	Started or stopped taking an	y over-the-counter or presci	ribed medications?		Yes	s No	
	DATE S	IGNATURE of Parent/Guardia			ame Parent/Gu		

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE BY THE FOLLOWING DUE DATES: <u>August 1st</u> Fall Sports <u>November 1st</u> Winter Sports <u>February 15th</u> Spring Sports

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