

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 preparticipation 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 muscles/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 "racing heart?" Yes No

If yes, explain

6. Has there been a recent history of fatigue and/or 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

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