HEALTH HISTORY UPDATE FOR ATHLETIC PARTICIPATION

To participate on a school athletic squad or team, each candidate whose medical examination was completed more than 60 days prior to the first practice session shall provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent/guardian.

STUDENT_____BIRTHDATE_____ GRADE_____ Male/ Female

ADDRESS_____ PHONE_____

DATE OF LAST MEDICAL EXAMINATION_____

DATE FORM DUE_____

Since the last medical examination, the above named child has experienced the following changes (please explain in full, any "YES" answers, including dates):

1. HOSPITALIZATION/OPERATIONS	YES	NO
2. ILLNESSES	YES	NO
3. INJURIES	YES	NO
4. CARE ADMINISTERED BY A PHYSICIAN, ADVANCED PRACTICE NURSE OR PHYSICIAN'S ASSISTANT	YES	NO
5. MEDICATIONS	YES	NO

_____ _____

DATE SIGNATURE OF PARENT/GUARDIAN

ANY CHANGES IN STATUS MUST BE REVIEWED BY THE SCHOOL PHYSICIAN and the MEDICAL PROVIDER

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE