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.

	INT CLEARLY						_			
Stı	ıdent:	(Las	t, First, Middle	e Initial)	Grade/Section	n:	S1	tudent ID#:		
Ad	dress:					ome Phor	ne: ()		
Cel	II Phone: ()		Date of last Me	edical Examination:_		_/	Male:_	F	emale:
				your child EXPERIEN rticipate in a sport?	NCED the following (ple	ease expla	<u>in in de</u>	tail any " YE	S " and Yes	swers): No
2.	Sustained a	concussic	on, been ur	nconscious or lost m	nemory from a blow t	to the hea	ad?		Yes	No
3.	Broken a bo	one or spra	ined/strain	ed/dislocated any m	nuscle or joints?				Yes	No
4.	Fainted or "	blacked ou	ıt?"						Yes	No
5.	Experience	d chest pai	ns, shortne	ess of breath or "rac	sing heart?"				Yes	No
6.	Has there b	een a rece	ent history o	of fatigue and unusu	ual tiredness?				Yes	No
7.	Been hospi	talized or h	ad to go to	the emergency roc	om?				Yes	No
				on, has there been neart trouble?"	a sudden death in t	the family	or has	s any mem	ber of Yes	the family No
9.	Started or s	topped tak	ing any ov	er-the-counter or pr	escribed medications	s?			Yes	No
	DATE		SIGNA	ATURE of Parent/Gu	ardian	PR	INTED	Name Pare	nt/Gua	rdian

ANY CHANGES IN STATUS MAY NEED CLEARANCE BY YOUR MEDICAL PROVIDER

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE BY THE FOLLOWING DUE DATES:

July 14th Fall Sports

November 1st Winter Sports

February 1th Spring Sports