

**SCOTCH PLAINS FANWOOD PUBLIC SCHOOLS
60 DAY HEALTH HISTORY UPDATE FOR ATHLETIC PARTICIPATION**

STUDENT _____ GRADE _____ SCHOOL _____

Address _____ Home Phone: _____

Parent/Guardian's Name _____ Work phone: _____ Cell phone: _____

Sport: _____

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 must complete an updated health history form and participation card. It is essential to report if the student has experienced any change in health status since the last physical examination which required an evaluation by a physician or other licensed health care professional. Circle the correct response to each question listed below. All "yes" responses must be explained indicating the type of illness/injury, an approximate date of when the illness or injury occurred and when the student returned or is expected to return to full activities. A note from the treating physician will be required before the student can be considered eligible for participation particularly if the condition warranted time out of physical education class.

1. SERIOUS INJURIES (SPRAINS/FRACTURES)? NO YES: _____

2. SERIOUS ILLNESSES? NO YES: _____

3. HOSPITALIZATIONS/ER VISITS? NO YES _____

4. OPERATIONS? NO YES: _____

5. CONCUSSION/HEAD INJURY? NO YES: _____

LIST THE FOLLOWING:

Current medications: _____

Allergies: _____

Signature of Parent/Guardian

Date

12/07