

**Bernards Township Schools**  
**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.*

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_ MALE FEMALE

DATE OF LAST MEDICAL EXAMINATION \_\_\_\_\_

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**