## **JACKSON TOWNSHIP SCHOOL DISTRICT**

## **Health History Update Form**

COMPLETE ONLY IF STUDENT HAS A CURRENT PRE-PARTICIPATION PHYSICAL EXAMINATION ON FILE WITH THE SCHOOL NURSE PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN PROMPTLY TO THE HEALTH OFFICE

	Last Name			First	Name			Sport	(ONLY O	NE PE	R FORI	M)
	M or F		_			_		Middle	School	Attend	ded (ci	rcle
de	Gender (circle)	Date of Birth		H.S. e	ntry ye	ar		7 <sup>th</sup> Gra	ide Goe	tz or	McAu	ıliff
			oth -		VEC	NO			ide Goe		McAu	ıliff
ı you p	participate in H.S. a	ithletics as a 7° (	or 8° gi	rader?	YES	NO		Otner_				
Since	your last pre-part	icipation physica	al exam	, have	you:							
1.	BEEN ADVISED BY A	LICENSED PHYSICIA	AN NOT	TO PART	TICIPATE	IN SPOR	TS				YES	N
2.	SUSTAINED A CONC	USSION, BEEN UNC	ONSCIO	US OR L	OST MEI	MORY FR	OM A BL	OW TO TH	HE HEAD		YES	N
3.	BROKEN A BONE, SU	JFFERED A SPRAIN	OR STRA	IN OF S	OFT TISS	UE OR D	ISLOCATE	D A JOINT	Γ		YES	N
4.	FAINTED OR BLACKI	ED OUT									YES	N
5.	EXPERIENCED CHEST	T PAINS, SHORTNES	S OF BR	EATH OF	R HEART	RACING					YES	N
6.	HAD A RECENT HIST	ORY OF FATIGUE O	R UNUS	UAL TIRE	EDNESS						YES	N
7.	BEEN HOSPITALIZED	, VISITED THE EME	RGENCY	ROOM,	OR SUF	FERED A	SIGNIFCA	ANT ILLNE	SS		YES	N
		•		-								
8.	HAD A SUDDEN DEA										YES	ı
•	HAD A SUDDEN DEA	ATH IN YOUR FAMIL	.Υ		R A HEAR	T ATTAC	K OR HA	VE HEART	TROUBLE	ES .	YES YES	
9. 10.	HAD A SUDDEN DEA	ATH IN YOUR FAMIL TIVE UNDER THE AC DICAL PROCEDURE (	.Y GE OF 50 OR SURG	) SUFFER GERY							YES YES	ľ
9. 10. If "YES"	HAD A SUDDEN DEA HAD A BLOOD RELA UNDERGONE A MED please explain in det	ATH IN YOUR FAMIL TIVE UNDER THE AC DICAL PROCEDURE C tail: (a "YES" respon	Y GE OF 50 OR SURG	SUFFER GERY also req	uire a no	ote of cle	arance b				YES YES	N
9. 10. If "YES"	HAD A SUDDEN DEA HAD A BLOOD RELA . UNDERGONE A MED	ATH IN YOUR FAMIL TIVE UNDER THE AC DICAL PROCEDURE C tail: (a "YES" respon	Y GE OF 50 OR SURG	SUFFER GERY also req	uire a no	ote of cle	arance b				YES YES	N
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9. 10.  If "YES"	HAD A SUDDEN DEA HAD A BLOOD RELA . UNDERGONE A MEE " please explain in det	ATH IN YOUR FAMIL TIVE UNDER THE AC DICAL PROCEDURE C tail: (a "YES" respon	eurate to	SUFFER GERY also req	est of my	te of cle	arance b		iate medic	cal pers	YES YES	N
9. 10.  If "YES"  I certif	HAD A SUDDEN DEA HAD A BLOOD RELA UNDERGONE A MEE '' please explain in def 'y that the information	ATH IN YOUR FAMIL TIVE UNDER THE AC DICAL PROCEDURE C tail: (a "YES" respons on provided is acc ure	eurate to	SUFFER GERY also req	est of my	knowle	edge.		Da	cal pers	YES YES	N N