

# 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 ONE PER FORM)	
_____		_____		Middle School Attended (circle)	
_____	M or F	_____	_____	7 <sup>th</sup> Grade Goetz or McAuliffe	
Grade	Gender (circle)	Date of Birth	H.S. entry year	8 <sup>th</sup> Grade Goetz or McAuliffe	
Did you participate in H.S. athletics as a 7 <sup>th</sup> or 8 <sup>th</sup> grader? YES NO				Other _____	

### Since your last pre-participation physical exam, have you:

- |  |     |    |
|--|-----|----|
| 1. BEEN ADVISED BY A LICENSED PHYSICIAN NOT TO PARTICIPATE IN SPORTS                     | YES | NO |
| 2. SUSTAINED A CONCUSSION, BEEN UNCONSCIOUS OR LOST MEMORY FROM A BLOW TO THE HEAD       | YES | NO |
| 3. BROKEN A BONE, SUFFERED A SPRAIN OR STRAIN OF SOFT TISSUE OR DISLOCATED A JOINT       | YES | NO |
| 4. FAINTED OR BLACKED OUT  | YES | NO |
| 5. EXPERIENCED CHEST PAINS, SHORTNESS OF BREATH OR HEART RACING                          | YES | NO |
| 6. HAD A RECENT HISTORY OF FATIGUE OR UNUSUAL TIREDNESS                                  | YES | NO |
| 7. BEEN HOSPITALIZED, VISITED THE EMERGENCY ROOM, OR SUFFERED A SIGNIFICANT ILLNESS      | YES | NO |
| 8. HAD A SUDDEN DEATH IN YOUR FAMILY   | YES | NO |
| 9. HAD A BLOOD RELATIVE UNDER THE AGE OF 50 SUFFER A HEART ATTACK OR HAVE HEART TROUBLES | YES | NO |
| 10. UNDERGONE A MEDICAL PROCEDURE OR SURGERY   | YES | NO |

If "YES" please explain in detail: (a "YES" response may also require a note of clearance by appropriate medical personnel)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature                      Print Parent/Guardian Name                      Date

### FOR OFFICIAL USE ONLY:

APPROPRIATE NOTES OF CLEARANCE ON FILE?    YES    NO    N/A                      STUDENT MAY PARTICIPATE?    YES    NO

SCHOOL PERSONNEL SIGNATURE: \_\_\_\_\_                      RN    ATC                      DATE: \_\_\_\_\_

DATE OF STUDENT'S LAST P.P.E: \_\_\_\_\_