



# KITTATINNY REGIONAL HIGH SCHOOL



## ATHLETIC DEPARTMENT

### HEALTH HISTORY UPDATE

**Mr. Brian Bosworth**  
Principal

**Mr. Todd Van Orden**  
Athletic Director

To participate on a school-sponsored interscholastic athletic team, each student-athlete whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update completed and signed by the student-athlete and parent/guardian. The medical department at the high school will review this information and if there is any question concerning the present condition of the candidate, another physical examination or clearance from your family physician will be required.

**COMPLETE THE FORM BELOW AND RETURN TO THE ATHLETIC TRAINER'S OFFICE AS SOON AS POSSIBLE**

**PRINT NAME OF STUDENT-ATHLETE** \_\_\_\_\_ **AGE** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**I WISH TO BE CONSIDERED A CANDIDATE FOR (NAME OF SPORT)** \_\_\_\_\_

**DATE OF MOST RECENT PHYSICAL EXAM (D/M/Y)** \_\_\_\_\_

**Since the last pre-participation physical examination, has your son/daughter:**

1. Been medically advised not to participate in a sport? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in detail \_\_\_\_\_

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in detail \_\_\_\_\_

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in detail \_\_\_\_\_

4. Fainted or "blacked out?" Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was this during or immediately after exercise? \_\_\_\_\_

5. Experienced chest pains, shortness of breath or "racing heart?" Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in detail \_\_\_\_\_

6. Has there been a recent history of fatigue and unusual tiredness? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Been hospitalized or had to go to the emergency room? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail \_\_\_\_\_

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes \_\_\_\_\_ No \_\_\_\_\_

9. Started or stopped taking any over-the-counter or prescribed medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of medication(s) \_\_\_\_\_

10. Been diagnosed with Coronavirus (COVID-19)? Yes \_\_\_\_\_ No \_\_\_\_\_

If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes \_\_\_\_\_ No \_\_\_\_\_

If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Student-Athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Athletic Trainer (after review):** \_\_\_\_\_ **Date:** \_\_\_\_\_

(revised 6/2020 in accordance with NJDOE and NJSIAA)