

## Health History Update for Athletic Participation (Part C)

*To participate on a school athletic squad or team, each candidate whose medical examination was completed and approved by our school physician 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 or guardian.*

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

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF LAST MEDICAL EXAMINATION \_\_\_\_\_ MALE / FEMALE

**DATE FORM DUE** \_\_\_\_\_

Since the last medical examination, the above named child has experienced the following changes (please explain in full, and "YES" answers, including dates):

1. HOSPITALIZATIONS/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

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE

***Any Changes in status MUST be reviewed by the school physician and the medical provider  
PLEASE RETURN THIS FORM TO THE SCHOOL NURSE BY THE "DATE DUE"***