

**ROBBINSVILLE TOWNSHIP SCHOOL DISTRICT
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-PRMS

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 /
MEDICAL PROVIDER**

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE BY –August 26, 2016