

**DISTRICT NAME**  
**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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_ MALE FEMALE

DATE OF LAST MEDICAL EXAMINATION \_\_\_\_\_

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

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<br>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 and the  
MEDICAL PROVIDER**

**PLEASE RETURN THIS FORM TO THE SCHOOL NURSE BY THE "DATE DUE"**