

Brick Township Public Schools
Part C 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 _____ BIRTHDAY _____ MALE ___ FEMALE ___

SCHOOL/GRADE _____ SPORT _____
ADDRESS _____ HOME PHONE _____

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 by an MD (or advanced practice Nurse or physician's assistant) | YES | NO |
| 5. Medications | YES | NO |

Date

Parent/Guardian Signature

****Any changes in status must be reviewed by the physician****

Changes reviewed by physician: _____

Physician's Signature/Stamp

All forms must be completed and returned to the health office at least one week prior to tryouts/practice. Thank you.