

**New Jersey Department of Education
Health History Update Questionnaire**

Name of School: _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: _____ Age: _____ Grade: _____

Date of Last Physical Examination: _____ Sport: _____

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, explain 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, explain

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

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

Date: _____ Signature of parent/guardian: _____

Please Return Completed Form to the School Nurse's Office

**PASSAIC HIGH SCHOOL SPORTS MEDICINE
ATHLETE'S UPDATED INFORMATION
(ALL LINES NEED TO BE FILLED OUT COMPLETELY)**

Name: _____ Date: _____ Birthdate: _____ Grade (Please Circle): 6th 7th 8th 9th 10th 11th 12th

Home Address: _____ Best Contact Phone #: _____

Primary Care Physician Name: _____ Physician Phone: _____

In Case of Emergency Contact

Name: _____ Relationship: _____ Best Contact Phone #: _____

2nd Contact Name _____ Relationship: _____ Best Contact Phone #: _____

In case of emergency, Hospital of Choice: _____

Insurance Information

**(PLEASE ATTACH A COPY OF YOUR INSURANCE CARD)
OR**

**(IF YOU HAVE NO INSURANCE, YOU ARE STILL REQUIRED INDICATE NONE ON THE INSURANCE COMPANY LINE AND
SIGN AT THE BOTTOM OF THE PAGE**

Insurance Company: _____ Insurance Company Phone: _____ Policy # _____ Group # _____

School Accident Only Insurance Procedure

- (1) The Passaic Board of Education has purchased an accident only insurance plan that provides benefits in excess of expenses not paid or are payable by other valid or collectible insurance.
- (2) Along with the itemized invoice, include a copy of the statement of explanation of benefits from your primary insurance company. If another insurance denies the whole or a part of the benefits, we will need a copy of denial that shows the reason why expenses were denied.
- (3) If the student is not covered by any other collectible insurance through employment of the student's parents or guardians, we require a letter from the employer to verify that no other coverage exists. The student can also provide a letter on the employers letterhead to verify that no coverage existed at the time in which the claim arose

I/we the parent's/legal guardian's of _____ (print athlete's name), are aware that trying out, practicing, or playing in any sport can be a dangerous activity involving many risks or injury. I/we acknowledge the fact that, to the best of our knowledge, our child has no physical condition that would prevent them from any athletic participation. I/we understand that the dangers and risks include, but are not limited to, death, serious head, neck, and spinal injuries, paralysis, injuries or impairment to the musculoskeletal system, or other aspects of the body, general health, and well-being.

Because of the dangers of participating in sports, I/we recognize and will discuss with our child the importance of following the instructions of the athletic department personnel regarding playing techniques, training, rules of the sport/team equipment, and to obey such rules. I/ we further realize and will discuss with our child that all injuries/illnesses that are sustained during periods of official, organized athletic participation (including all regularly scheduled practices and competitions) are to be reported to the athletic trainer, or coach.

I/we hereby grant permission, in the case of an emergency, for our child to be transported, examined and treated at the local medical center or hospital by a certified physician. I/we will be notified immediately of such circumstances.

I/we also hereby authorize the Passaic School District Athletic Trainer, who is under the direction and guidance of the Passaic Board of Education Team Physician, to render to our child any preventive measures for injuries, first aid, treatment, rehabilitation, emergency treatment and **telehealth and telemedicine** that they deem reasonable and necessary to the health and well-being of our child.

****** PLEASE NOTE: IN ANY AND ALL INJURY SITUATIONS OCCURRED BY PASSAIC BOARD OF EDUCATION STUDENT ATHLETE, THE FINAL DECISION ON PLAYING STATUS WILL BE DETERMINED BY THE PASSAIC TEAM PHYSICIAN. ******

It is with my/our consent and approval that my/our child, _____, be allowed to participate in Passaic BOE Athletics, including team travel for the school year. By signing below I/ we are acknowledging the understanding the contents of the statement above and are attesting the information given by us is accurate.

Parent/Guardian Signature: _____ Date: _____