

**UNION BOARD OF EDUCATION
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 _____

Has your child had any changes in his/her health since the last Athletic Physical Exam? Please explain "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