

**WEST ESSEX REGIONAL 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 is the **ONLY** form required if your child had a sports physical within 365 days of the start date of practice and all of the required sports physical paperwork (Athletic Pre-Participation Physical Examination Forms A&B) are on file in the health offices at West Essex Middle and High School.

_____	_____
<b>Student Name</b>	<b>Grade</b>
_____	_____
<b>Sport</b>	<b>Date of Last Sport Physical</b>

1. **Has your child been ill or injured (Since your child's last sports physical)?**  
Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
  
2. **Has your child been under the care of a physician (Since your child's last sports physical)?**  
Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
  
3. **Has your child been hospitalized or had surgery (Since your child's last sports physical)?**  
Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
  
4. **Has your child been prescribed any new medications (Since your child's last sports physical)?**  
Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_

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<b>Signature Parent/Guardian</b>	<b>Date</b>
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***\*ANY CHANGES IN STATUS MUST BE REVIEWED BY THE SCHOOL PHYSICIAN  
AND THE MEDICAL PROVIDER\****