

**SOUTH AMBOY HEALTH HISTORY UPDATE FORM**

Student's Full Name (Print) \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

**Today's Date:** \_\_\_\_\_ **Sport:** \_\_\_\_\_ **Season (circle one)** Fall Winter Spring

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School (circle one):** HS MS

**Home Phone #:** \_\_\_\_\_ **Parent/Guardian Cell Phone #:** \_\_\_\_\_

Have you submitted a physical for a South Amboy sport within the last 365 days?: YES/NO

If yes, for what sport? \_\_\_\_\_ If no, list date of upcoming physical exam: \_\_\_\_\_

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Please list any allergies or notable medical conditions for your child: \_\_\_\_\_

**Since your son/daughter's last physical examination (that was submitted for athletic participation):**

Has your child been medically advised not to participate in a sport? **YES / NO**

Has your child sustained a concussion, been unconscious, or lost memory from a blow to the head? **YES / NO**

Has your child broken a bone or sprained/strained/dislocated any muscle or joints? **YES / NO**

Has your child fainted or "blacked out"? **YES / NO** If yes, was this during or immediately after exercise? **YES / NO**

Has your child experienced chest pains, shortness of breath, or a "racing heart"? **YES / NO**

Has your child had a recent history of fatigue and/or unusual tiredness? **YES / NO**

Has your child gone to the emergency room or been hospitalized? **YES / NO**

Has there been a sudden death in the family or has any family member under age 50 had a heart attack or "heart trouble"? **YES / NO**

Has your child started or stopped taking any over-the-counter or prescribed medications? **YES / NO**

Has your child 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**

Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? **YES / NO**

Do you have any concerns about your child's health which may affect their sports participation? **YES / NO**

**If you answered YES to any of the above questions, please explain in detail below:**

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**Student-Athlete's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*\* This form must be dated within 90 days of the start of the first practice. \*\**