

**Bayonne High School Department of Athletics**  
**Interim Health History Update**

To participate on a school-sponsored interscholastic 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*.

**PRINT CLEARLY AND IN INK**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Sport Applying For: \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

***Since the last pre-participation physical examination, has your son/daughter:***

1. Been medically advised **not** to participate in a sport? Yes\_\_\_ No\_\_\_
2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes\_\_\_ No\_\_\_
3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes\_\_\_ No\_\_\_
4. Fainted or "blacked out?" Yes\_\_\_ No\_\_\_
5. Experienced chest pains, shortness of breath or "racing heart?" Yes\_\_\_ No\_\_\_
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\_\_\_
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\_\_\_

If yes, name of medication(s) \_\_\_\_\_

Please give detailed explanation to any questions answered 'yes' above:

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Date: \_\_\_\_\_ Signature of Parent/guardian \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_