

**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

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

Phone 609-259-2776 ~ Fax 609-259-3047

COVID-19 Questionnaire

Name of Student: _____ Date: _____

Parent/Guardian Cell: _____ Sport: _____

COVID-19 Questions:

Please Circle One

- | | | |
|---|-----|----|
| Has your son/daughter 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 |

Signature of Parent/Guardian: _____

To participate in workouts during the summer recess period, the parent/guardian must complete this form. This form only needs to be completed one time. This is a recommended template for the COVID-19 Questionnaire. Districts can determine the best means (electronic or paper) and platform (Survey Monkey, Microsoft Teams, Google Docs etc.) to administer the questionnaire.