

Montville High School

Health History Update for Athletic Participation

To participate on a school athletic squad or team, each candidate whose physical 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 physical examination. This shall be completed and signed by the parent.

Student's Name: _____ Grade: _____

Address: _____ Home Phone: _____

Sport: _____ Circle: Male Female

Date of last physical examination _____

Since your last physical examination, have you experienced any changes in:

ILLNESSES: _____

INJURIES: _____

HOSPITALIZATIONS: _____

SURGERIES: _____

MEDICATIONS: _____

CARE ADMINISTERED BY YOUR HEALTH CARE PROVIDER: _____

If you were treated, did the physician clear you for sports participation? YES NO

Parent/Guardian's Signature: _____ Date: _____

ANY CHANGES IN STATUS MUST BE REVIEWED BY THE SCHOOL PHYSICIAN

School Physician's Signature: _____ Date: _____

