

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School: Lyndhurst High 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: Jennifer Smith Age 13 Grade 9

Date of Last Physical Examination: 07/15/2016 Sport: _____

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

1. Been medically advised not to participate in a sport? Yes _____ No X

If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes _____ No X

If yes, describe in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes _____ No X

If yes, describe in detail:

4. Fainted or "blacked out?" Yes _____ No X

If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or "racing heart?" Yes _____ No X

If yes, describe in detail:

6. Has there been a recent history of fatigue and unusual tiredness? Yes _____ No X

If yes, describe in detail:

7. Been hospitalized or had to go to the emergency room? Yes _____ No X

If yes, describe 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 X

If yes, describe in detail:

9. Started or stopped taking any over-the-counter or prescribed medications? Yes _____ No X

If yes, name of medication(s):

Date 5/15/2017

Signature of parent/guardian



PLEASE RETURN COMPLETED FROM TO THE SCHOOL NURSES'S OFFICE

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam:

Name: Jennifer Smith

Date of Birth: 07/08/2003

Sex: Female

Age: 13

Grade: 9

School: Lyndhurst High School

Sport(s):

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:
None

Do you have any allergies? No

If yes, please identify specific allergy:

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS		Yes/No	Medical Questions	Yes/No
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	No	26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	No
2.	Do you have any ongoing medical conditions? Please identify: Other:	No	27. Have you ever used an inhaler or taken asthma medicine?	No
			28. Is there anyone in your family who has asthma?	No
3.	Have you ever spent the night in the hospital?	No	29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	No
4.	Have you ever had surgery?	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?	No
HEART HEALTH QUESTIONS ABOUT YOU		Yes/No		
5.	Have you ever passed out or nearly passed out DURING or AFTER exercise?	No	31. Have you had infectious mononucleosis (mono) within the last month?	No
6.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	No	32. Do you have any rashes, pressure sores, or other skin problems?	No
7.	Does your heart ever race or skip beats (irregular beats) during exercise?	No	33. Have you had a herpes or MRSA skin infection?	No
			34. Have you ever had a head injury or concussion?	No
8.	Has a doctor ever told you that you have any heart problems? If so, check all that apply: Other:	No	35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?	No
			36. Do you have a history of seizure disorder?	No
9.	Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)	No	37. Do you have headaches with exercise?	No
			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	No
10.	Do you get lightheaded or feel more short of breath than expected during exercise?	No	39. Have you ever been unable to move your arms or legs after being hit or falling?	No
11.	Have you ever had an unexplained seizure?	No	40. Have you ever become ill while exercising in the heat?	No
12.	Do you get more tired or short of breath more quickly than your friends during exercise?	No	41. Do you get frequent muscle cramps when exercising?	No
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes/No		
13.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	Yes	42. Do you or someone in your family have sickle cell trait or disease?	No
			43. Have you had any problems with your eyes or vision?	No
			44. Have you had any eye injuries?	No
			45. Do you wear glasses or contact lenses?	Yes
14.	Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?	Yes	46. Do you wear protective eyewear, such as goggles or a face shield?	No
			47. Do you worry about your weight?	No
			48. Are you trying to or has anyone recommended that you gain or lose weight?	No
15.	Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?	No	49. Are you on a special diet or do you avoid certain types of foods?	No
			50. Have you ever had an eating disorder?	No
16.	Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	No	51. Do you have any concerns that you would like to discuss with a doctor?	No
BONE AND JOINT QUESTIONS		Yes/No	FEMALES ONLY	
17.	Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?	No	52. Have you ever had a menstrual period?	Yes
18.	Have you ever had any broken or fractured bones or dislocated joints?	No	53. How old were you when you had your first menstrual period?	11
19.	Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	No	54. How many periods have you had in the last 12 months?	12
20.	Have you ever had a stress fracture?	No	Explain "yes" answers here	
21.	Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)	No	Father passed away. Uncle passed from hypercardiomyopathy Wear contacts or glasses for distance Nov 2015	
22.	Do you regularly use a brace, orthotics, or other assistive device?	No		
23.	Do you have a bone, muscle, or joint injury that bothers you?	No		
24.	Do any of your joints become painful, swollen, feel warm, or look red?	No		
25.	Do you have any history of juvenile arthritis or connective tissue disease?	No		

I give permission for the district's doctor to perform the sports physical: Yes

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: 

Signature of Parent/Guardian: 

Date: 5/15/2017

Lyndhurst High School

Lyndhurst, NJ 07071

Use and Misuse of Opioid Drugs Fact Sheet

Student-Athlete and Parent/Guardian Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this [Opioid Use and Misuse Educational Fact Sheet](#) to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete's or cheerleader's first official practice of the school year.

Name of School: _____ Lyndhurst High School

Name of District: _____ Lyndhurst School District

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Jennifer Smith

Student (Print)



Student (Signature)

GRADE: 9

Greg Smith

Parent/Guardian (Print)



Parent/Guardian (Signature)

5/15/2017

Date