

**CHERRY HILL PUBLIC SCHOOLS**

Cherry Hill, New Jersey

\_\_\_\_\_  
Year of Graduation

**Dear Parent/Guardian:**

In accordance with New Jersey Law (N.J.A.C. 6:29:3.4) each athlete must submit a health history update of medical problems experienced since the last medical examination. This shall be completed by a parent or legal guardian 60 days prior to the first practice.

**HEALTH HISTORY UPDATE FOR SPORTS**

\_\_\_\_\_  
SPORT DATE

NAME OF STUDENT \_\_\_\_\_  
(LAST) (FIRST)

GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Please indicate if you have experienced any of the following since your last medical examination:

Hospitalization/Operations: \_\_\_\_\_

Illnesses: \_\_\_\_\_

Injuries: \_\_\_\_\_

Care administered by a physician: \_\_\_\_\_

Recent immunizations: \_\_\_\_\_

Current medications: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Sport participated in this past year: \_\_\_\_\_ Date of Physical: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

Please return to school nurse prior to the first practice.  
Call Sandy Kowal, School Nurse 663-8006 ext. 1725 for any questions.

