

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.**