

**SHRHS Health History Update for Athletic Participation**

*This form is ONLY necessary for students whose medical examination was completed more than 60 days prior to the upcoming first practice session to provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent.*

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MALE \_\_\_ FEMALE \_\_\_ DATE OF LAST MEDICAL EXAMINATION \_\_\_\_\_

Since the last medical examination, the above named child has experienced the following changes (please explain in full, any "YES" answers, including dates):

1. HOSPITALIZATION/OPERATIONS YES \_\_\_ NO \_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ILLNESSES YES \_\_\_ NO \_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. INJURIES YES \_\_\_ NO \_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. CARE ADMINISTERED BY A PHYSICIAN, ADVANCED PRACTICE NURSE  
OR PHYSICIAN'S ASSISTANT YES \_\_\_ NO \_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. MEDICATIONS YES \_\_\_ NO \_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**ANY CHANGES IN STATUS MUST BE REVIEWED BY THE SCHOOL PHYSICIAN AND THE  
MEDICAL PROVIDER.**

**PLEASE RETURN THIS FORM TO THE SCHOOL NURSE AT LEAST TWO WEEKS PRIOR TO  
THE SPORT'S START OF SEASON**