



BUTLER HIGH SCHOOL
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David Doty- Director of Athletics

HEALTH HISTORY UPDATE QUESTIONNAIRE

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 _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

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

- | | | |
|---|-----|----|
| 1. Been medically advised not to participate in a sport?
If yes, describe in detail _____ | YES | NO |
| 2. Sustained a concussion, been unconscious or lost memory from a blow to the head
If yes, describe in detail _____ | YES | NO |
| 3. Broken a bone or sprained/strained/dislocated any muscle or joints?
If yes, describe in detail _____ | YES | NO |
| 4. Fainted or "blacked out?"
If yes, describe in detail _____ | YES | NO |
| 5. Experienced chest pains, shortness of breath or "racing heart?"
If yes, describe in detail _____ | YES | NO |
| 6. Has there been a recent history of fatigue and unusual tiredness?
If yes, describe in detail _____ | YES | NO |
| 7. Been hospitalized or had to go to the emergency room?
If yes, describe in detail _____ | YES | NO |
| 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?"
If yes, describe in detail _____ | YES | NO |
| 9. Started or stopped taking any over-the-counter or prescribed medications?
If yes, describe in detail _____ | YES | NO |

Date: _____ Signature of parent/guardian _____

Please return this page with the other pre-participation forms that are requires before your child is permitted to participate on one of our interscholastic teams.