

MANASQUAN HIGH SCHOOL

Department of Athletics



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HEALTH UPDATE FORM

THE FOLLOWING FORM IS MANDATORY FOR ALL STUDENT-ATHLETES FOR EVERY SPORTS SEASON. It must be submitted within 90 days prior to the first practice session.

THERE ARE **TWO PARTS** TO MANASQUAN HIGH SCHOOL'S ATHLETICS APPLICATION:

ONLINE:

Visit the Genesis Parent Portal and select the "Forms" tab. You will see an application specific to the sports season available. This application can only be completed once per student-athlete per season. The following components are to be completed online:

1. SPORTS APPLICATION AND AGREEMENT
2. NJSIAA STEROID TESTING POLICY
3. NJSIAA CONCUSSION POLICY
4. NJSIAA SUDDEN CARDIAC DEATHY POLICY
5. NJSIAA OPIOD POLICY
6. EMERGENCY CONTACT INFORMATION

PAPER:

All students planning to participate in sports must have one comprehensive sport physical per year. According to the N.J.A.C. 6A:16-2.2 et.seq. each candidate for a school athletic team must have a medical examination within 365 days prior to the first practice session and a health history update within 90 days of the first practice session.

1. HEALTH UPDATE FORM (Signed by parent/guardian)

Dates (within 90 days of the first practice session):

Fall 2018 Sports: Sign and submit this form anytime after May 15th, 2018.

Winter 2018 Sports: Sign and submit this form anytime after September 1st, 2018.

Spring 2019 Sports: Sign and submit this form anytime after January 1st, 2019.

Once completed and signed appropriately, this paper portion must be submitted to the Health Office mailbox in the main office to be considered for sports participation. The school nurse will then evaluate the Update form and notification will then be sent to the parent/guardian. Any omissions may delay the pre-participation process.

If you have any questions regarding these instructions, direct them toward:
Director of Athletics at Manasquan High School: 732-528-8820 x 2022

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of 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 _____ 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? Yes _____ No _____
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes _____ No _____
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes _____ No _____
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes _____ No _____
If yes, was this during or immediately after exercise? _____

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

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

7. Been hospitalized or had to go to the emergency room? Yes _____ No _____
If yes, explain 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 _____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes _____ No _____
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____

SIGN HERE

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE'S OFFICE