

2011-2012
HEALTH UPDATE FORM

Student's Name: _____ Date: _____

Sport: _____ Date of Last Physical Exam: _____

1. Has your child been ill or injured since the initial sports physical this school year?

No _____ Yes _____ If Yes, explain: _____

2. Has your child been seen by a physician since the initial sports physical this school year?

No _____ Yes _____ If Yes, explain: _____

3. Has your child been hospitalized or had surgery since the initial sports physical this school year?

No _____ Yes _____ If Yes, explain: _____

4. Has your child's medication changed since the initial sports physical this school year?

No _____ Yes _____ If Yes, explain: _____

5. Has your child been out of physical education or sports for any reason? No _____ Yes _____
If Yes, have they received clearance to return to activities? No _____ Yes _____

Signature: _____ Date: _____
Parent/Guardian