

PEQUANNOCK TOWNSHIP PUBLIC SCHOOLS
Health Office

PRE-SPORT HISTORY ASSESSMENT

(Must be completed prior to each sport if Physical Exam was done more than 60 days before)

Name _____ Date of Birth _____ Grade _____

School _____ Sport _____

Date of Last Physical _____

1. Has your child been examined by your physician for any illness or injury since his/her last physical?

Yes _____ No _____

If Yes - Date _____ Why? _____

2. Has he/she been hospitalized or had surgery since his/her last physical?

Yes _____ No _____

If Yes - Date _____ Why? _____

3. Is he/she presently under the care of a physician?

Yes _____ No _____

If Yes - How Long? _____ Why? _____

4. Is he/she taking NEW medications since his/her last physical?

Yes _____ No _____

If Yes - What? _____

Signature of Parent/Guardian

Based on this Pre-Sport History assessment and the most recent physical, there appears to be no medical reason to prohibit the above named student from participating in competitive sports.

Date _____ School Physician _____
