LAWRENCE TOWNSHIP PUBLIC SCHOOLS

Medical History Update Form

COMPLETE ONLY IF STUDENT HAS A CURRENT PRE-PARTICIPATION PHYSICAL EXAMINATION ON FILE WITH THE SCHOOL NURSE
PLEASE COMPLETE THIS FORM AND RETURN PROMPTLY TO THE HEALTH OFFICE

_____

_____ _____ _____
Last Name First Name Sport (ONLY ONE PER FORM)

_____ _M or F_ _____
Grade Gender (circle) Date of Birth

School Attended (circle)
LMS 7th 8th Grade
LHS 9th 10th 11th 12th Grade

1. Have you had any injuries or illnesses since your athletic physical? YES NO
2. Were you evaluated/treated for the above injury or illness by a physician? YES NO
3. Were you evaluated/treated for the above injury by the Athletic Trainer? YES NO
4. Have you experience chest pain, shortness of breath or "racing heart"? YES NO
5. Have you been hospitalized or had surgery since your last athletic physical? YES NO
6. Do you have any restrictions due to injury or illness? YES NO
7. Are you currently taking any medication including over the counter? YES NO
8. If you answered yes to any of the above, please explain: _____
   _____

An answer of "YES" to questions 3 will require a signature of clearance from the athletic trainer.
An answer of "YES" to questions 2, 5 and/or 6 will require a signature of clearance from a physician.

I, as a student of the Lawrence Township Public Schools, request permission to participate in the above named interscholastic sport during the 20___/20___ school year.

_____ _____ _____
Student Signature Print Student Name Date

I certify that the information provided is accurate to the best of my knowledge.

_____ _____ _____
Parent/Guardian Signature Print Parent/Guardian Signature Date

FOR OFFICIAL USE ONLY:

Physician's note of clearance on file: YES NO N/A Nurse's Signature:_____Date: _____

Date of student's last pre-participation physical exam: _____

Student-athlete is medically eligible: YES NO Athletic Trainer's Signature: _____ Date: _____

INCOMPLETE FORMS WILL BE RETURNED. FORMS SUBMITTED AFTER THE ANNOUNCED DEADLINE WILL NOT BE ACCEPTED.