

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? Yes _____ No _____

If yes, have they received clearance to return to activities? Yes _____ No _____

Signature _____

Date _____

Parent/Guardian

Signature _____

Date _____

School Physician