

Every athlete who participated in an earlier sport during the current school year must complete the following Medical History Update during each subsequent season.

**MEDICAL HISTORY SEASONAL UPDATE
LOWER CAPE MAY REGIONAL SCHOOL DISTRICT**

SPORT _____ SEASON (circle) FALL WINTER SPRING

LCMRHS _____ TEITELMAN _____

Name of Student _____ ID# _____ Age _____ Grade _____

Address _____ Phone _____

Name of Parent or Guardian _____

Name of Student's Physician _____

Exam date _____

ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED YES OR NO!!!
For Yes answers indicate the date and details of the injury or condition on the back of this sheet.

	YES	NO
Has your son/daughter ever had any of the following:		
High blood pressure	_____	_____
Heart murmur	_____	_____
Frequent chest pain or palpitations	_____	_____
History of family having sudden death	_____	_____
Asthma	_____	_____
Diabetes	_____	_____
History of fatigue and undue tiredness	_____	_____
Epilepsy, seizures or convulsions	_____	_____
Concussion or other head injury requiring hospitalization.	_____	_____
Experienced loss of consciousness after injury	_____	_____
History of fainting with exercise	_____	_____
Operations (not stitches or lacerations	_____	_____
Fractures (broken bones) or dislocations	_____	_____
Any serious illnesses not mentioned above	_____	_____
Allergies	_____	_____
Does he/she take any medication on a regular basis other than for allergies?	_____	_____
MEDICATION AND DOSAGE _____		
Is he/she currently under the care of a physician for a medical or surgical problem?	_____	_____
Has he/she been medically advised not to participate in any sport?	_____	_____
HAS HE/SHE BEEN INJURED IN ANY WAY THIS PAST SPORTS SEASON?	_____	_____

SIGNATURE OF PARENT OR GUARDIAN

DATE