

**OCEAN COUNTY CHRISTIAN ACADEMY
HEALTH HISTORY UPDATE FOR ATHLETIC PARTICIPATION**

This form may only be used if the student has a valid physical on file in the school office.

STUDENT: _____ BIRTHDATE _____ GRADE _____

ADDRESS: _____

HOME PHONE: _____ MALE/FEMALE (CIRCLE)

DATE OF LAST PHYSICAL: _____

Since the last medical examination the above named child has experienced the following changes (please explain in full, any "YES" answers, including dates):

- | | | | |
|----|----------------------------------------------------------------------------------------|-----|----|
| 1. | Hospitalization/Operations: _____
_____ | YES | NO |
| 2. | Illness: _____ | YES | NO |
| 3. | Injuries: _____ | YES | NO |
| 4. | Care Administered by a Physician,
Advanced Practice Nurse or Physician's Assistance | YES | NO |
| 5. | Medications: _____ | YES | NO |

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

ANY CHANGES IN STATUS MUST BE REVIEWED BY YOUR MEDICAL PROVIDER

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE BY THE "DATE DUE"