

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**?
Yes _____ No _____ if yes, explain _____

2) Has your child been seen by a physician **since the initial sports physical this school year**?
Yes _____ No _____ if yes, explain _____

3) Has your child been hospitalized or had surgery **since the initial sports physical this school year**?
Yes _____ No _____ if yes, explain _____

4) Has your child been out of gym or sports for any reason? Yes _____ No _____
If yes, have they received clearance to return to activities? Yes _____ No _____

Signature _____
Parent/Guardian

Signature _____ Date _____
School Physician