



STATE OF NEW JERSEY

DEPARTMENT OF EDUCATION

A Memo from the New Jersey Department of Education

Date: June 19, 2020

To: Chief School Administrators, Charter School and Renaissance School Project Leads, Administrators of Nonpublic Schools, and Administrators of Approved Private Schools for Students with Disabilities

Route To: Principals, School Nurses, Athletic Directors, Athletic Trainers

From: AbdulSaleem Hasan, Assistant Commissioner
Division of Field Services

Updates to the Health History Update Questionnaire

This memo serves to advise all districts, charter schools, renaissance school projects, nonpublic schools, and approved private schools for students with disabilities that the Health History Update Questionnaire has been updated to include 2019 Novel Coronavirus (COVID-19) related-questions.

Pursuant to *N.J.S.A. 18A:40-41.7(b)*, the Health History Update Questionnaire is to be completed and signed by a student-athlete's parent or guardian when the student-athlete's last physical examination was completed more than ninety (90) days prior to the first day of official practice in an athletic season. Once completed, the Health History Update Questionnaire shall be reviewed by the school nurse and, if applicable, the school athletic trainer. Pursuant to *N.J.S.A. 18A:40-4*, if an answer to a question on the Health History Update Questionnaire is yes, the certified school nurse and school physician (or other designated medical professional) shall determine whether additional medical attention and/or further evaluation is necessary.

Contact Information

If you have any questions, please contact the Office of Student Support Services at healthyschools@doe.nj.gov.

c: Members, State Board of Education
Lamont O. Repollet, Ed.D., Commissioner
NJDOE Staff
Statewide Parent Advocacy Network
Garden State Coalition of Schools
NJ LEE Group

New Jersey Department of Education Health History Update Questionnaire

Name of School: _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian. A health update is required for **each athletic season** and must be completed and approved prior to ANY athletic participation. This form may not be completed or submitted more than 90 days prior to the first official practice for a sport/athletic season. Please provide a health update of medical problems, issues and/or concerns experienced since the last physical evaluation/medical examination by answering the following questions. Additionally, please explain "yes" answers at the bottom of this section (use the back of the sheet if necessary). You MUST respond to all questions.

Student: _____ Age: _____ Grade: _____

Date of Last Physical Examination: _____ Sport: _____

Since the last pre-participation physical examination, has your son/daughter: If YES, please explain.

1. Been medically advised not to participate in a sport? Yes No
2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes No
3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes No
4. Fainted or "blacked out?" Yes No
 If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or "racing heart?" Yes No
6. Has there been a recent history of fatigue and unusual tiredness? Yes No
7. Been hospitalized or had to go to the emergency room? Yes No
8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes No
9. Started or stopped taking any over-the-counter or prescribed medications? Yes No
10. Been diagnosed with Coronavirus (COVID-19)? Yes No
 If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes No
 If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes No
11. Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? Yes No

If you answered YES to any of the above, please explain:

Date: _____ Signature of parent/guardian: _____

Please Return Completed Form to the Athletic Office

Northern Highlands Regional High School

SEASONAL HEALTH UPDATE AND ATHLETIC PERMISSION/CONSENT

(To be completed by the parent and student prior to any participation)

For Office Use:

Athletic Office _____

Health Office _____

NAME OF STUDENT ATHLETE: LAST: _____ FIRST: _____ GRADE: _____ AGE: _____

ATHLETIC SEASON (PLEASE CIRCLE ONE): FALL WINTER SPRING SPORT: _____

PERMISSION/CONSENT

I/we attest that the information provided within the Athletic Pre-Participation Physical Evaluation (PPE) which includes physical examination, clearance and history forms and Seasonal Permission/Health Update is accurate. I/we give permission for medical information to be shared with the school nurse, athletic trainer, and applicable coaches. I/we understand that the medical personnel of Northern Highlands (including athletic trainers, nurses and/or team physicians) will perform only those procedures which are within their training, credentialing and scope of professional practice to prevent, care for and rehabilitate athletic injuries. In case of accident or serious illness and the school is unable to reach me, I/we hereby authorize the school to call my child's physician and to follow his/her instructions. If it is impossible to contact my child's physician, the school may contact any of the emergency contacts on record and make whatever medical arrangements are necessary. While the school attempts to contact the above persons, the school will provide immediate triage and contact emergency medical services/the rescue squad when deemed necessary.

I/we give permission for my/our child to participate in athletics (sport listed above) during this school year. I/we recognize that these activities involve the potential for injury, which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, and the strict observance of rules, injuries are possible. On rare occasions, these injuries can be severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read, discussed as a family and understand the information, expectations, policies, procedures and rules as detailed in our *Athletic Information Packet* and via the *FamilyID* online registration process including, but not limited to: *NJSIAA Concussion Policy, NJSIAA Drug Testing, Opioid Information, NJDOE Sudden Cardiac Arrest, NH Media Release, NJSIAA Eligibility, Medical Treatment, Consent/Warning, Summer Permission, ImPact, Expectations, Hazing/HIB, Commitment Guidelines, Seasonal Time Frames, Attendance, Equipment, Transportation, Summer, Sportsmanship, Chain of Command, Tryouts, Fundraising, User Fees etc.* This information can also be found in our Student/Parent Handbook and accessed via the school website.

By signing below I/we give consent and approval for my/our son/daughter to participate in interscholastic athletics during the current season in accordance with the rules and regulations of the New Jersey Interscholastic Athletic Association. I/we hereby release, indemnify and hold harmless Northern Highlands, its officers, board members, employees and agents (the "Indemnitees"), with respect to any and all claims, damages, injuries, and/or losses or damage to person or property associated with and/or arising from the student's participation in the sport/activity to the fullest extent permitted by law. I/we, the undersigned, have read this authorization, release and consent and understand and accept all of its terms. I/we execute it voluntarily, and with full knowledge of its significance.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____