

**PALMYRA HIGH SCHOOL
RECERT FORM
HEALTH HISTORY UPDATE FOR ATHLETIC PARTICIPATION**

To participate on a school athletic team, each candidate whose medical examination was completed more than 60 days prior to the first practice session shall provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent.

STUDENT _____ BIRTHDATE _____ GRADE _____
MALE / FEMALE

ADDRESS _____

LAST PHYSICAL DATE _____

SPORT _____

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. ILLNESSES | YES | NO |
| 3. INJURIES | YES | NO |
| 4. CARE ADMINISTERED BY A PHYSICIAN, ADVANCED
PRACTICE NURSE OR PHYSICIAN'S ASSISTANT | YES | NO |
| 5. MEDICATIONS | YES | NO |

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE