

PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS
CERTIFICATION OF STUDENT ATHLETIC HEALTH HISTORY

GRADE: _____

SPORT: _____

Since the completion of the physical examination of (STUDENT'S NAME) _____
I am providing the following information to update his/her health history.

DATE OF TETANUS BOOSTER: _____

1. Recent hospitalization/operations: _____

2. Recent Illnesses: _____

3. Recent Injuries: _____

4. Recent Care administered by a Physician, Physician's Assistant, or Nurse Practitioner: _____

5. Recent Medications: _____

I certify that the information provided above is true and accurate.

Signature of Parent/Guardian

Date

*Must be submitted to head coach prior to start of initial practice of every season.

COACHES: Any notations must be reported to the school nurse.