

**PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS
STUDENT HEALTH HISTORY UPDATE**

SCHOOL YEAR: _____

**DATE OF LAST FULL MEDICAL
EXAMINATION:** _____

GRADE: _____

SPORT: _____

STUDENT'S NAME: _____

The following information sets forth the above-named student's health history since the date of his/her last full medical examination.

DATE OF TETANUS BOOSTER: _____

1. Recent hospitalization/operations: _____

2. Recent illnesses: _____

3. Recent injuries: _____

4. Recent care administered by a Physician's Assistant, or Nurse

Practitioner: _____

5. Recent medications: _____

Signature of Parent/Guardian

Date

* Must be submitted to head coach prior to start of initial practice of every season. [**NB: Pursuant to the regulations, this update form is only required when the medical exam was performed more than 60 days prior to the first practice.**]