



Monmouth Regional High School

Department of Athletics

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HEALTH UPDATE FORM

THE FOLLOWING FORM IS MANDATORY FOR ALL STUDENT-ATHLETES FOR EVERY SPORTS SEASON. It must be submitted within 90 days prior to the first practice session.

THERE ARE **TWO PARTS** TO MONMOUTH REGIONAL HIGH SCHOOL'S ATHLETIC APPLICATION:

PART ONE: ONLINE:

Visit the Genesis Parent Portal and select the "**FORMS**" tab. You will see an application specific to the sports season available. The application can only be completed once per student-athlete per season. The following components are to be completed online:

1. SPORTS APPLICATION AND AGREEMENT
2. NJSIAA CONCUSSION POLICY
3. NJSIAA STEROID TESTING POLICY
4. NJSIAA CONCUSSION POLICY
5. NJSIAA SUDDEN CARDIAC DEATH POLICY
6. NJSIAA OPIOID POLICY- OPIOID VIDEO EDUCATION
7. RANDON DRUG AND ALCOHOL TESTING CONSENT FORM
8. SPORTS RELATED EYE INJURY
9. EMERGENCY CONTACT INFORMATION

PART TWO: PAPER:

All students planning to participate in sports must have one comprehensive sports physical per year. According to the N.J.A.C 6A:16-2.2 et.seq. each candidate for a school athletic team must have a medical examination within 365 days prior to the first practice session and a health history update within 90 days of the first practice session

1. **HEALTH UPDATE FORM (Signed by parent/guardian)**

Once completed and signed appropriately, this entire paper portion must be submitted to the Health Office mailbox in the main office to be considered for sports participation. The school nurse will then evaluate the Update form and notification will then be sent to the parent/guardian. Any omissions may delay the pre-participation process.

YOU MAY CHECK YOUR STUDENT'S CLEARANCE STATUS ON GENESIS UNDER THE "ATHLETICS" TAB.

If you have any questions regarding these instructions, direct them toward:
Director of Athletics at Monmouth Regional High School 732-542-1170 x 1104

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.

Student:

Age:

Grade:

Date of Last Physical Examination:

Sport:

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes No

If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes No

If yes, explain in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes No

If yes, describe in detail.

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

If yes, explain

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

If yes, explain in detail

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

Date:

Signature of parent/guardian:

Please Return Completed Form to the School Nurse's Office