

**UPPER TOWNSHIP MIDDLE SCHOOL
ANNUAL ATHLETIC PRE-PARTICIPATION RE-EVALUATION FORM**

To participate on a school athletic squad or team, each candidate whose medical exam was completed more than 60 days prior to the first practice session shall provide a health history of medical problems experienced since the last medical examination. This form must be completed and signed by the parent and returned to the nurse by the student for a history review and medical screening.

STUDENT _____ SPORT _____ GRADE _____

ADDRESS _____

HOME PHONE _____ EMERGENCY CONTACT _____

DATE OF LAST MEDICAL EXAM _____

Since the last medical examination, the above named child has experienced the following changes:
(Please explain in full, all "Yes" answers, including dates. Please use the back if more room is needed)

1. HOSPITALIZATIONS/OPERATIONS YES NO

2. ILLNESSES YES NO

3. INJURIES YES NO

4. WAS THERE ANY CARE ADMINISTERED BY A PHYSICIAN,
ADVANCED PRACTICE NURSE OR PHYSICIANS ASSISTANT YES NO

5. MEDICATIONS YES NO

As per Executive order #72 issued on 12/20/05, all high school athletes on teams that qualify for state interscholastic championships may be subject to random drug testing.

DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

TO BE COMPLETED BY SCHOOL NURSE: (student must bring this card to the nurse before start of season)

Weight _____

Blood Pressure _____

Comments _____

Date of history review by nurse _____

(Date/Initial)

Date of last physical verification _____