SUMMIT PUBLIC SCHOOLS
HEALTH HISTORY UPDATE

DEAR PARENT/GUARDIAN

This form is to be filled out by you ONLY if your child has had a physical examination within 365 days of the first practice session for the upcoming season. The most current physical form must be on file with the school prior to starting practice.

STUDENT
NAME:_____DATE____/____/_____

SPORT: _____ GRADE: _____

DATE OF LAST COMPLETE PHYSICAL: _____/_____/_____

1. Have you been hospitalized or had any operations since your last physical? Y / N
   If yes, please explain: _____

   _____

2. Have you had any illnesses since your last physical examination Y / N
   If yes, please explain: _____

   _____

3. Have you had any injuries since your last physical examination? Y / N
   If yes, please explain: _____

   _____

4. Are you currently medically excused from physical education? Y / N

5. What medications, if any are you currently taking?
   _____

   _____

I certify that the information herein is accurate to the best of my knowledge as of the date of my signature.

Parent/Guardian signature: _____DATE____/___/___
(or STUDENT AGE 18)