



# PASSAIC COUNTY TECHNICAL VOCATIONAL SCHOOLS

45 Reinhardt Road  
Wayne, NJ 07470

Dear potential Student-Athlete & Parent/Guardian,

You have been identified as a possible participant for our athletic program. All student-athletes with a **valid medical physical** on file still must complete the following procedure prior to participating on an interscholastic athletic team. Completed forms can be submitted to the Health Office, any time during the normal school day. **Please note:** All forms have been recently updated by the New Jersey Department of Education

1. Have a recent valid/medical physical examination on file with the School Health Office and complete the Health History Update Questionnaire with all prompts using the approved district form provided, complete with signatures (page 2).
2. Return the completed (front and back) and signed Medical Release forms to the School Health Office.

The form starting below and continuing on the back portion of this page must be filled out completely and returned to the Health Office as soon as possible.

If you have any questions, please contact the athletic office at (973) 389-4141/4106 or the school Health Office at (973) 389-2035.

Respectfully,

Nic Nese, CAA  
Director of Athletics

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## Student-Athlete Participation Form

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

ID#: \_\_\_\_\_

Sport: \_\_\_\_\_

I wish to participate in \_\_\_\_\_. I hereby give my consent for my son/daughter to participate in the above sponsored interscholastic athletic event sponsored by the Passaic County Technical Institute Board of Education. Realizing that such activity involves the potential for injury, which is inherent in all sports, I acknowledge that even with the most advanced protective measures and strict observation of rules, injuries may occur.

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*Signature of Parent*

*Date*

## 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**