

**Re-Evaluation Form**  
**Hackettstown High School**  
Athletic Office  
Hackettstown, N.J. 07840

Dear Parent/Guardian,

Your son / daughter has had a physical examination to participate in an interscholastic activity. Before he / she may start practice, we require that the following information be completed.

Doctors Deehan and Murphy, the schools physicians, will review this information. If there is any question about the present condition of the candidate, another physical examination will be required.

Please return the completed and signed form to the Athletic Trainer immediately.

Name: \_\_\_\_\_ Grade: \_\_\_\_ Day Phone:(    ) \_\_\_\_\_

Date of Birth \_\_\_\_/ \_\_\_\_/\_\_\_\_ Wishes to participate in: \_\_\_\_\_

Since the physical examination on \_\_\_\_\_ my son / daughter has experienced the following: (please include name of physician and the dates; if none, please state so):

Hospitalizations/ operations: \_\_\_\_\_  
\_\_\_\_\_

Care administered by a physician: \_\_\_\_\_  
\_\_\_\_\_

Names of any medications prescribed and/or currently taking for any chronic problem and reason for such medication: \_\_\_\_\_  
\_\_\_\_\_

Illnesses: \_\_\_\_\_  
\_\_\_\_\_

Injuries: \_\_\_\_\_  
\_\_\_\_\_

Additional Immunizations: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_