



WESTFIELD HIGH SCHOOL
550 Dorian Road
Westfield, New Jersey 07090
Fax: 908-317-6726

Health Services Department

Margaret Teitelbaum R.N., BSN, CSN
908-789-4517, 4518

Carole Stavitski MA, RN, CSN
908-789-4516

Barbara Barnansky, Secretary
908-789-4519

In order to be eligible to participate in a sport, please return the attached forms to the Health Office PRIOR to the start of the season.

HEALTH HISTORY QUESTIONNAIRE – PART A:

This form must be filled out by a parent/guardian for EACH SPORT SEASON. If you are due for your Annual Sports Physical, this questionnaire must be reviewed by your family physician at that time.

PHYSICAL EVALUATION FORM – PART B:

The yellow physical form must be completed by your family physician at the time of your annual physical. This will be valid for one year from the date of the exam. Please take the Health History Questionnaire with you for your physician to review.

PLEASE NOTE:

Your physician must sign and date the Physical Form.

If you have any questions, please contact us.

*****PLEASE KEEP A COPY FOR YOUR RECORDS*****