

Sports Health Questionnaire

MUST BE COMPLETED, SIGNED BY PARENT AND STUDENT AND RETURNED TO SCHOOL BEFORE EACH SPORTS SEASON

Questionnaire For All Candidates For Competitive Sports, Interscholastic Or Intramural

This form needs to be seen by the physician only if you need an examination.

To be completed by the student with the assistance of parents before each sport season or activity in which he/she will participate, and returned to the coach or instructor of the activity or the administrator or the health personnel of the school.

Student Name: _____

Date: ____/____/____/

Birth Date: ____/____/____/

Sex: M F

Grade: ____

Address: _____

Address: _____

Telephone: Home# _____ Work# _____ Cell# _____

Emergency # _____ Beeper# _____

Parent /Guardian Name: _____

Email Address: _____

1. You must have had a complete physical examination by a physician or a health care facility in the last two years. If your last exam was more than two years ago, you will need a statement from a physician or health care provider that you have had a physical examination within one month after the date you completed this form.

2. If you have had an injury or illness that has lasted longer than a week in the six month prior to the date of this form, then you will also need a statement from the physician about this condition with his/her assessment regarding your ability to participate in the sport.

Date of last complete physical exam by a physician or a health care facility: ____/____/____/

Name of Physician: _____

Name of health care facility: _____

Last tetanus toxoid booster: ____/____/____/

Please answer the following questions marking the appropriate answer.

Please explain any “Yes” answers on an attached form.

1. Have you ever been told you could not participate in a sport in the last two years? Yes__ No__
2. Have you ever been unconscious or lost memory from a blow to your head? Yes__ No__
3. Have you ever had a fracture or dislocation in the last two years? Yes__ No__
4. Have you ever had a knee or ankle sprain in the last two years? Yes__ No__
5. Have you had any other injuries? Yes__ No__
6. Are you under a physician’s care now? Yes__ No__
- 7 Do you take any kind of medication every day? Yes__ No__
- 8 Have you had an illness lasting longer than one week in the last six months? Yes__ No__
9. Do you have any allergies? Yes__ No__
10. Have you been in the hospital for an operation or to stay overnight? Yes__ No__
11. Do you have any worries about your health or other questions you would like to discuss with a physician? Yes__ No__
12. Have you ever felt faint or fainted during exercise? Yes__ No__
13. Has anyone of your grandparents, parents, brothers or sisters suffered a heart attack? Yes__ No__
14. Do You have any other medical conditions? Yes__ No__

We give our permission for _____ to participate in the following sport _____.

Parent/Guardian _____ Student _____
Signature Signature

STARTING DATE WILL BE POSTED IN THE SCHOOL BELL AND ON THE SCHOOL WEB SITE FOR EACH SPORT.