SPORTS HEALTH QUESTIONNAIRE

Questionnaire for All Candidates for Interscholastic and Club Sports

TO BE COMPLETED RETURNED TO THE ATHELTIC MEDICINE OFFICE PRIOR to the SPORTS SEASON

NAME:_____ SPORT: _____ DATE: ___/___/___

BIRTH DATE: ____/____/____ SEX: M_____ F_____ GRADE:_____

ADDRESS: _____

TELEPHONE:_____ PARENT/GUARDIAN NAME: _____

If you have had any injury or illness since your last physical that has lasted longer than a week in the six months prior to the date of this form, then you will also need a statement from your 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: ____/____/____Name of Physician: _____

Please answer the following questions, and explain below any answered "Yes".	**YES**	**NO**
Have you ever …..		
1. Been told you could not participate in sports in the last 2 years?	☐	☐
2. Been told you have had a concussion? Unconscious or lost memory from a blow to the head?	☐	☐
3. Had a fracture or dislocation? Recurrent back pain?	☐	☐
4. Had a knee, ankle or shoulder sprain or back injury lasting more than 1 week?	☐	☐
5. Had any other injuries/illness that caused you to miss physical activity for more than 1 week?	☐	☐
6. Had surgery of any kind? Been hospitalized for an operation or overnight stay?	☐	☐
7. Felt faint/dizziness or fainted during exercise?	☐	☐
8. Experienced chest pains, irregular heart beats, heart murmur or been diagnosed with a heart disorder/disease?	☐	☐
9. Been or are you now under medical care for heart disease, diabetes, bleeding tendencies, seizures, kidney disease?	☐	☐
10. Have any of your grandparents, parents, siblings suffered a heart attack before age 50?	☐	☐
Do you ….		
11. Take any medications every day or other medications regularly?	☐	☐
12. Have any allergies?	☐	☐
13. Have asthma or exercised-induced asthma? Shortness of breath/wheezing with exercise?	☐	☐
14. Have an impairment or loss of a paired organ (eyes, kidney, testicle, lung, etc)?	☐	☐
15. Have a condition that requires any special equipment for participation in sports (pads, braces, eye protection)?	☐	☐

If any of the above questions are answered "YES", please explain below:

_____

_____

I HAVE READ THE ABOVE QUESTIONS AND ANSWERED THEM TO THE VERY BEST OF MY KNOWLEDGE.

Parent/Guardian Signature:_____