

Prior to the start of participation, a health history review must be completed by your sons/daughters physician unless the athlete has received a full medical examination within the past thirty (30) days.

SPORTS CANDIDATE QUESTIONNAIRE

Name: _____ DOB: _____ Class: _____ Sport: _____

History Since Last Medical Exam

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Any injuries requiring medical attention? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Any illness lasting more than five (5) days? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Taking any medicine or under physician's care at this time? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Any feeling of faintness, dizziness or fatigue after heavy exertion? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Any breathing difficulties, such as asthma? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. A surgical operation or fracture? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Treated in a hospital or emergency room? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Any known allergies? (Please be specific: bee stings, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Any chronic disease? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Any visual or auditory difficulties? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Wears a partial mouth plate or braces? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Any heart condition, such as heart murmur, high blood pressure, heart abnormality, etc.? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Any reason why this person cannot participate in any sport? |

If yes to any of the above, describe:

PERMISSION

We understand clearly that the questions are asked in order to decide if this student is in proper condition to participate in the athletic activities named at the top of this form. The answers are current as of the date this form is signed. All answers will be kept confidentially in the athletic/physical education office.

Signature of Parent/Guardian

Signature of Student

Date

Date

Please Note: "YES" ANSWERS TO ANY OF THESE QUESTIONS DO NOT MEAN AUTOMATIC DISQUALIFICATION FROM THE ATHLETIC ACTIVITY INDICATED. THEY WILL REQUIRE REVIEW AND EVALUATION BY THE ATHLETIC DIRECTOR.