

HEALTH QUESTIONNAIRE AND PHYSICAL EXAMINATION

This questionnaire must be completed, signed by both parent/guardian and student, and returned to school before the student can participate in any sports season. This questionnaire (or a physical form from the physician's office) needs to be filled out and signed by the physician only if the student needs a physical examination.

Student's Name

Date

Address

Phone

Signature of Parent/Guardian

Student's Birthdate _____

Sex: M F

Grade _____

Date of last physical exam _____ Date of last tetanus booster shot: _____

Name of physician: _____ Phone: _____

A complete **physical exam** by a physician is required **every two years** in order to participate in the athletic programs. The student will participate in the following athletic activities:

Cross Country
Baseball

Soccer
Softball

Basketball
Cheerleading

During the past two years, has the student been told you could not participate in a sport? YES NO

Has the student ever suffered from a blow to the head that caused unconsciousness or loss of memory? YES NO

Has the student had a fracture or dislocation in the past two years? YES NO

Has the student had a knee or ankle sprain in the past two years? YES NO

Has the student had any other injuries in the past two years? YES NO

Is the student under a physician's care now for any health concerns? YES NO

Does the student take any medication regularly? If YES what is the medication, how often is taken, why is it taken, and if a reaction what should be expected? YES NO

Has the student had an illness lasting longer than one week in the last six months? YES NO

Does the student have any allergies? If YES what are they, and is medication taken for them? YES NO