

SPORTS PHYSICAL QUESTIONNAIRE

Name _____ Birthdate _____

Home Address _____

Parent's Name _____ Phone _____

- | | | | |
|-----|---|-----|----|
| 1. | Has student had injuries requiring medical attention? | Yes | No |
| 2. | Has student had injuries lasting more than a week? | Yes | No |
| 3. | Is student under a Physician's care now? | Yes | No |
| 4. | Does student take medication now? | Yes | No |
| 5. | Does student wear glasses or contact lenses? | Yes | No |
| 6. | Has student had a surgical operation? | Yes | No |
| 7. | Has student been in the hospital (Except for tonsillectomy)? | Yes | No |
| 8. | Has student completed immunization and inoculations? | Yes | No |
| 9. | Has student had a tetanus toxoid and booster inoculation within the past 3 years? | Yes | No |
| 10. | Has student seen the dentist within the past 6 months? | Yes | No |
| 11. | <u>Do you know any reason why this individual should not participate in all sports?</u> | | |

Please explain any "yes" answers to above questions: _____

Is there any additional information about this person's health concerning which we should be aware? _____

Date of last physical _____ (must be in the last 3 years)

Physician's name-printed

Physician's signature

Dear Parent,

We want to thank you for your cooperation in filling out this form for your son or daughter. We want to make sure that they have fun this year during competition, but we are also concerned for their safety above all. When you fill this out, we are better able to serve your child, as well as, you as his parent. Please fill this form out and return it to class by August 30th. Thanks again for your help. We are praying that the students have a great year academically and spiritually. May the Lord Bless you!

P.E. Department