

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

**A. PARENTS: WILL FILL IN PART A**

Note to parents: In order that the best plans may be made for your son/daughter, it is necessary that we have your cooperation in filling out this questionnaire before he/she can be enrolled in school competitive sports. After conferring with your son/daughter, please check all sports in which he/she wished to participate.

**GIRLS:**

BASKETBALL

VOLLEYBALL

TRACK

CHEERLEADING

**BOYS:**

BASKETBALL

VOLLEYBALL

TRACK

Has your son/daughter had any of the following:

1. Rheumatic fever \_\_\_\_\_
2. Tuberculosis \_\_\_\_\_
3. Recurrent muscle and joint pains \_\_\_\_\_
4. Heart Disease \_\_\_\_\_
5. Polio \_\_\_\_\_
6. Serious injury (include fractures) \_\_\_\_\_

7. Serious Illness \_\_\_\_\_
8. Dental bridge or false teeth \_\_\_\_\_
9. Has he/she ever been advised not to Participate in competitive athletics?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, why? \_\_\_\_\_

I hereby give my permission for my son/daughter to participate in competitive sports.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**B. EXAMINING: PHYSICIAN WILL FILL IN PART B**

Note to Physician: The examining physician is requested to review carefully the above history supplied by the parent before examining the student.

Past medical history pertinent to competitive sports \_\_\_\_\_

Heart Murmurs: No \_\_\_\_\_ Yes \_\_\_\_\_ Other \_\_\_\_\_

Hernia \_\_\_\_\_ Undescended testicle \_\_\_\_\_

Medical finding and recommendations: \_\_\_\_\_

In your opinion should this student participate in sports checked above?

Yes \_\_\_\_\_ No \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_