



# SPORTS CANDIDATE MEDICAL QUESTIONNAIRE

1. Date of last physical? \_\_\_\_\_
2. Does/Has your child have/had a disease(s) or injury that affects/affected the function of the eye, ear, testicle, kidney, heart or lung? Circle One: Yes No  
If yes, explain. \_\_\_\_\_
3. List any operations, fractures, sprains or bone dislocations: (give dates or age)  
\_\_\_\_\_
4. Has your child had any serious illness, injury or hospitalization? Circle One: Yes No  
If yes, explain. \_\_\_\_\_
5. Does your child take any medication? Circle One: Yes No  
If yes, please list name, dosage, and frequency. \_\_\_\_\_  
**We must have a Doctor's written order and parental permission to administer medication at school or during Intramural/Intermural sports participation.**
6. Has your child had a Tetanus Booster within the past ten years? (DPT is required on all students on entry to kindergarten) Give date. \_\_\_\_\_
7. Has your child had any of the following? Please circle Y for yes, N for no.
- |                    |   |   |  |   |   |
|--------------------|---|---|--|---|---|
| Allergies          | Y | N | Mononucleosis  | Y | N |
| Asthma             | Y | N | Pneumonia  | Y | N |
| Seizures           | Y | N | Hepatitis  | Y | N |
| Fainting           | Y | N | Bronchitis   | Y | N |
| Heart Murmur       | Y | N | Head Injury  | Y | N |
| Heart Condition    | Y | N | Concussion   | Y | N |
| Rheumatic Fever    | Y | N | Dental Problems  | Y | N |
| Kidney Disease     | Y | N | Tumors   | Y | N |
| Heat Stroke        | Y | N | Diabetes   | Y | N |
| Heat Exhaustion    | Y | N | Blood Disorders  | Y | N |
| Menstrual Problems | Y | N | Intestinal Problems                                      | Y | N |
| Internal Bleeding  | Y | N | Prosthesis   | Y | N |
| Postural Defects   | Y | N | Deaf   | Y | N |
| Blind              | Y | N | to medicine, food, insects, other – please specify _____ |   |   |
| Other _____        |   |   |  |   |   |

Please explain any YES answers to the above questions: \_\_\_\_\_

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8. Do you have any reason for your child not to participate in any sports (Soccer, Flag Football, Swimming, Field Hockey, Basketball, Volleyball, Wrestling, Golf)? Circle One: Yes No  
If yes, please explain. \_\_\_\_\_
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**THIS SECTION FOR DOCTOR'S USE ONLY**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Restrictions/Comments: (if any) \_\_\_\_\_

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PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_