

## ATHLETIC MEDICAL QUESTIONNAIRE

M.S.A.D. #75 has an athletic health policy that requires students who wish to participate in athletics to have a physical examination prior to competing in middle school athletic programs and before competing in high school athletic programs as well. A record of this exam must be turned in to the school before a student will be allowed to participate in any athletic activity.

In the years a physical is not required, students who will be participating in an athletic activity will be required to complete this questionnaire to help us assess the health of the student. A school health professional will review the questionnaire and may require a physical examination under some conditions. All physical examinations are at the parents expense.

	YES	NO
1. Has your son/daughter had any injuries requiring medical attention since his/her last exam ?	_____	_____
2. Has he/she had any illness lasting more than a week since his/her last physical exam?	_____	_____
3. Does he/she have a follow-up appointment for #1 or #2?	_____	_____
4. Does he/she currently take any medication, even on an "as needed" basis?	_____	_____
5. Does he/she wear contact lenses?	_____	_____
6. Has he/she had any surgery since his/her last examination?	_____	_____
7. Has he/she seen a dentist for a tooth injury since his/her last physical?	_____	_____
8. Has he/she had to withdraw from an athletic activity for physical reasons?	_____	_____
9. Do you know any reason why he/she should not participate in sports?	_____	_____

Please explain any "yes" answers here:

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use back if necessary

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of student – please print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
SPORT

