

**PARENTS-PLEASE FILL OUT COMPLETELY-TOP TO BOTTOM. INCLUDE EMERGENCY NUMBER AND HOSPITAL PREFERENCE. THANK-YOU**

**SPORTS CANDIDATES' QUESTIONNAIRE/SCREENING**

**NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **SPORT:** \_\_\_\_\_

<b>QUESTION</b>	<b>YES</b>	<b>NO</b>	<b>QUESTION</b>	<b>YES</b>	<b>NO</b>
<b>1. Any heart problems in family under the age of 50?</b>			<b>6. Any chronic illness such as asthma, allergies, diabetes or seizures?</b>		
<b>2. Hypertension, cardiac arrhythmias or heart murmur?</b>			<b>7. Presently taking any medication?</b>		
<b>3. Any fainting spells during exercise?</b>			<b>8. Weight gain or loss of more than 10-20 lbs?</b>		
<b>4. Ever fall unconscious after a head injury?</b>			<b>9. Under the care of a Dr.?</b>		
<b>5. Any illness in the last 6 months lasting longer than 1 week?</b>			<b>10. Any reason why this person may not participate in any sport?</b>		

If answered "yes" to any of the above please describe: \_\_\_\_\_  
 \_\_\_\_\_

We understand clearly that the questions are asked in order to decide if this student is in a proper condition to participate in the athletic activity names at the top of this form. The answers are correct as of the date this form is signed. All answers will be kept confidential.

<b>SIGNATURE OF PARENT/GUARDIAN</b>	<b>DATE</b>	<b>SIGNATURE OF STUDENT</b>	<b>DATE</b>

\*NOTE: "YES" answer to any of the above questions does not mean automatic disqualification from the athletic activity indicated. They will require review and evaluation by the school Physician.

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**PERMISSION TO ENTER**

SPORT (Jr. H.-JV-V) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PARENTS' NAME: \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_  
 EMERGENCY # \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_  
 HOSPITAL PREFERENCE: (CIRCLE ONE)  
 NEWFANE \_\_\_\_\_ ST. MARY'S \_\_\_\_\_

\_\_\_\_\_ DATE

\_\_\_\_\_ NURSE'S SIGNATURE