Medical Survey for _____

YES NO 1. Have you ever experienced a seizure or been informed that you might have epilepsy?
YES NO 2. Have you had hepatitis during the past five years?
YES NO 3. Have you been treated for infectious mono, virus pneumonia or another infectious disease during the past twelve months?
YES NO 4. Have you ever been treated for diabetes?
YES NO 5. Have you ever been treated or informed by a medical doctor that you have had rheumatic or scarlet fever?
YES NO 6. Have you ever been told that you have a heart murmur?
YES NO 7. Have you ever been told that you have high blood pressure?
YES NO 8. Have you had any illness requiring bed rest of one week or more during the past year? If so, give date and nature of illness?
YES NO 9. Have you ever been told you are anemic?
YES NO 10. Have you ever been told you had hemophilia or other bleeding disorders or currently have easy bruising or bleeding?
YES NO 11. Do you wear eye glasses or contact lenses? (soft or hard) If so, explain.
YES NO 12. If the answer to #11 is yes, do you wear them during athletic participation?
YES NO 13. Do you wear any dental appliance? If yes, mark the appropriate appliance.
__permanent bridge __permanent crown/jacket __removable partial __full plate
YES NO 14. Have you ever been told that you have a hernia? If so, is it repaired? YES NO
YES NO 15. Have you had any operations not listed in this questionnaire during the past two years? If yes, indicate anatomical site of the operation and date.
YES NO 16. Have you had any additional illnesses or injuries during the past two years? If yes, Indicate specific illnesses and dates.
YES NO 17. Have you ever been advised by a medical doctor not to participate in the sports you are now contemplating participation in?
YES NO 18. Are you currently on medications or drugs on a permanent or semi-permanent basis? If so, indicate name of drug and why it was prescribed.
YES NO 19. Are you allergic to any general medication? (ex. Aspirin, sulfa, etc.)
YES NO 20. Date of most recent tetanus immunization:_____
YES NO 21. Do you use tobacco, drugs, or alcoholic beverages?
YES NO 22. Give the name of doctor who gave you your last medical exam & appropriate date:_____
YES NO 23. Have you been "knocked out" or experienced a concussion during the past three years? If yes, give dates of all and if hospitalized.
YES NO 24. Have you ever had an injury to the neck involving nerves, vertebrae (bones), or vertebra discs, that incapacitated you for a week or longer? Give details.
YES NO 25. Have you ever been treated for Osgood-Schlatter disease?
YES NO 26. Have you ever been treated for osteomyelitis?
YES NO 27. Have you had a fracture during the past two years? If yes, indicate the site of the fracture and date.
YES NO 28. Have you had a shoulder dislocation, separation or other shoulder injury during the past two years that incapacitated you for a week or longer?
YES NO 29. Have you ever been advised to have surgery to correct a shoulder condition? If yes, give details and date.
YES NO 30. Have you experienced a severe sprain, dislocation or fracture to either elbow during the past two years? If yes, give dates.
YES NO 31. Have you ever had an injury to the back?
YES NO 32. If yes to the above question, did you seek the advice of a medical doctor?
YES NO 33. Do you ever experience pain in your back? If yes, indicate frequency with which you experience pain:__very seldom __occasionally __during heavy lifting __only when vigorously exercising __frequently
YES NO 34. Do you think your back is weak?
YES NO 35. Have you experienced a sprain to either knee during the past two years with severe swelling accompanying the injury?
YES NO 36. Have you ever been told that you injured the ligaments in either knee?
YES NO 37. Have you ever been told that you injured the cartilage of either knee?
YES NO 38. Have you ever been told that you have a "trick" knee
YES NO 39. Have you ever been advised to have surgery to a knee to correct a condition? If so, give dates.
YES NO 40. Have you ever had any foot problems before?
YES NO 41. Have you had or do you have pain in your feet while walking, running or standing?
YES NO 42. Do you have cramps in your legs after activities at night?
YES NO 43. Do you have weak ankles and have you ever sprained your ankles?
YES NO 44. Have you ever had surgery performed on your feet or had surgery recommended?
YES NO 45. Do you have any special needs and/or physical/mental limitations we should know?
YES NO 46. IS THERE ANY REASON YOU FEEL YOUR SON OR DAUGHTER SHOULD NOT PARTICIPATE IN THE ACTIVITY YOU ARE REGISTERED FOR?

Please use this area to fill in any information asked for in the previous questions.

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All of the above questions have been answered completely and truthfully to the best of my/our knowledge. I/we have read and agree to abide by the rules and policies attached. Please detach and keep these for your records. Thank you.

SIGNED:_____DATE_____
(parent or guardian)

STUDENT:_____DATE_____
(if over 18 years of age)