

# INTERIM QUESTIONNAIRE



**PLEASE PRINT!!**

\_\_\_\_\_ Male/Female \_\_\_\_\_  
 Last Name                      First                      Middle                      (circle one)                      City                      Date

Since his/her last athletic physical examination, has this student:

	YES	NO	_____
			Year in School
(1) Had surgery	___	___	
(2) Been hospitalized	___	___	
(3) Been under a physician's care	___	___	
(4) Had a serious illness	___	___	
(5) Had an injury requiring a physician's care	___	___	
(6) Been rendered unconscious	___	___	
(7) Started taking any new medications	___	___	
(8) Developed any new drug allergies	___	___	
(9) Developed any health problems	___	___	
(Please explain all <b>yes</b> answers)			

My child \_\_\_ **should** or \_\_\_ **should not** have a physical examination prior to participation in high school athletics.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

=====

### CONSENT FORM

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: The original copy is to be returned to the school