

SPORTS CANDIDATES QUESTIONNAIRE

Name		Date of Birth	Grade	Athletic Activity	
History Since Last Medical Exam					
Item	Yes	No	Item	Yes	No
1. Any injuries requiring medical attention?			7. A surgical operation or fracture?		
2. Any illness lasting more than five (5) days?			8. Treated in a hospital or Emergency Room?		
3. Taking any medicine or under physician's care at this time?			9. Any reason why this person cannot participate in any sport?		
4. Any feeling of faintness, dizziness or fatigue after heavy exertion?			10. Any known allergies, asthma or hay fever?		
5. Wears glasses or contact lenses?			11. Any chronic disease?		
6. Concussion/head injury?			12. Dental braces or dentures?		

If yes to any of the above _____ describe: _____

Last Tetanus shot: _____

PINE VALLEY CENTRAL SCHOOL SPORTS ELIGIBILITY CARD

PERMISSION

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 named at the top of this form. The answers are correct as of the date this form is signed. All answers will be kept confidentially in his/her health record in the school health office.

Signature of Parent/Guardian	Date	Signature of Student	Date
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NOTE: "YES" ANSWERS TO ANY OF THESE QUESTIONS DO NOT MEAN AUTOMATIC DISQUALIFICATION FROM THE ATHLETIC ACTIVITY INDICATED. THEY WILL REQUIRE REVIEW AND EVALUATION BY THE SCHOOL PHYSICIAN.

_____ has been cleared for _____

Name Sport

Nurse Signature

Date