

**HALL-DALE HIGH SCHOOL ATHLETIC PROGRAMS**

**ATHLETIC MEDICAL QUESTIONNAIRE**

Dear Parent/Guardian;

MSAD #16 has recently adopted a health policy which requires students who are engaged in interscholastic sports to have a physical examination upon entry into sixth (6<sup>th</sup>) grade and ninth (9<sup>th</sup>) grade. A record of this exam should be turned in to the school before the student begins practice. Physical exams are also required of all transfer students.

In the years a physical is not required, you need to complete this questionnaire to help us assess the health status of the students. The school Nurse will review the questionnaire and may require a physical examination under some conditions. All physical examinations shall be at the parents' expense.

	YES	NO
1. Has your child had any injuries requiring medical attention since their last physical exam?	_____	_____
2. Has your child had any illness lasting more than a week since their last physical examination?	_____	_____
3. Does your child have a follow up appointment for 1 or 2?	_____	_____
4. Does your child currently take any medications, even on an as needed basis?	_____	_____
5. Does your child wear glasses or contact lenses?	_____	_____
6. Has your child had surgery since their last physical examination?	_____	_____
7. Has your child seen a Dentist for a tooth injury since their last physical examination?	_____	_____
8. Has your child ever had to withdraw from an athletic activity for physical reasons?	_____	_____
9. Do you know of any reason why your child should not participate in sports?	_____	_____

PLEASE EXPLAIN ANY "YES" ANSWERS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Name of Student/please print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Sport