

CENTENNIAL HIGH SCHOOL "PATRIOTS"

INTERIM QUESTIONNAIRE SPORT _____

EACH STUDENT ATHLETE IS REQUIRED TO HAVE A PHYSICAL EXAMINATION PRIOR TO HIS/HER FRESHMEN AND JUNIOR YEAR. A COPY OF THIS EXAM IS TO BE ON FILE WITH THE SCHOOL ATHLETIC TRAINER BEFORE THE STUDENT IS ELIGIBLE TO PARTICIPATE IN ANY ATHLETIC CONTEST. IF YOUR STUDENT HAS HAD PHYSICAL DIFFICULTIES SINCE THE LAST EXAMINATION THE SCHOOL MAY REQUIRE A REEXAMINATION.

THE FOLLOWING QUESTIONNAIRE IS TO BE COMPLETED YEARLY BY EACH STUDENT IN LIEU OF A YEARLY PHYSICAL EXAMINATION:

LAST	FIRST	MIDDLE	MALE / FEMALE (CIRCLE ONE)
GRADUATING CLASS	/ /	YEAR IN SCHOOL: 9TH 10TH 11TH 12TH (CIRCLE ONE)	

SINCE HIS/HER LAST ATHLETIC PHYSICAL EXAMINATION HAS THIS STUDENT:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 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 | _____ | _____ |
| 6. BEEN RENDERED UNCONSCIOUS | _____ | _____ |
| 7. STARTED TAKING ANY NEW MEDICATIONS | _____ | _____ |
| 8. DEVELOPED ANY NEW DRUG ALLERGIES | _____ | _____ |
| 9. DEVELOPED ANY HEALTH PROBLEMS | _____ | _____ |

EXPLAIN ANY YES ANSWERS BELOW: _____

DO YOU WISH YOUR STUDENT TO BE COVERED BY SCHOOL INSURANCE? YES NO
(IF YES, IT IS THE RESPONSIBILITY OF THE STUDENT TO GET THE PROPER APPLICATION FORMS FROM THE MAIN OFFICE.)

IS YOUR STUDENT COVERED BY A FAMILY HEALTH INSURANCE POLICY? YES NO
IF YES, PLEASE LIST THE NAME OF INSURANCE COMPANY AND POLICY NUMBER BELOW:

INSURANCE COMPANY: _____ POLICY NUMBER _____

I HEREBY CONSENT TO THE ABOVE NAMED STUDENT PARTICIPATING IN INTERSCHOLASTIC ATHLETIC PROGRAMS. THIS CONSENT INCLUDES TRAVELING TO AND FROM ATHLETIC EVENTS AND PRACTICES. I ALSO CONSENT TO TREATMENT DEEMED NECESSARY BY SCHOOL AUTHORITIES FOR ANY ILLNESS OR INJURY RESULTING FROM ATHLETIC PARTICIPATION. ALL ATHLETIC MEDICAL FILES WILL BE KEPT CONFIDENTIAL AND IN THE POSSESSION OF THE SPORTS MEDICINE STAFF AT CENTENNIAL HIGH SCHOOL.

SIGNATURE OF PARENT / GUARDIAN: _____ DATE: _____

ADDRESS _____ CITY _____ ZIP _____ PHONE: HOME _____ WORK _____