

(student's name)

Explain "Yes" answers below. If you are uncertain about how to answer any questions, please mark "Don't Know" and the physician will discuss it with you.

"Don't Know"

- | | | | |
|--|-----|----|-------|
| 1. Have you ever been hospitalized or had surgery? | Yes | No | _____ |
| 2. Have you had a medical problem or injury in the past two years? | Yes | No | _____ |
| 3. Are you taking any prescription or non-prescription medications, including inhalers? | Yes | No | _____ |
| 4. Do you have any allergies to foods, medications or bees? | Yes | No | _____ |
| 5. Have you ever become dizzy or passed out during or after exercise? | Yes | No | _____ |
| 6. Do you tire more quickly than your friends during exercise? | Yes | No | _____ |
| 7. Have you ever had chest pain during or after exercise? | Yes | No | _____ |
| 8. Have you ever been told that you have a heart murmur or heart disease? | Yes | No | _____ |
| 9. Have you had racing of your heart or skipped heartbeats? | Yes | No | _____ |
| 10. Has anyone in your family had a heart attack, heart disease or sudden death before age 50? | Yes | No | _____ |
| 11. Has a physician ever denied or restricted your participation in sports for any reason? | Yes | No | _____ |
| 12. Do you have any skin problems (itching, rashes, acne, eczema, warts, fungus, blisters)? | Yes | No | _____ |
| 13. Have you ever had a rash or hives develop during or after exercise? | Yes | No | _____ |
| 14. Have you ever been knocked out, lost your memory, or become unconscious? | Yes | No | _____ |
| 15. Have you ever had a seizure or epilepsy? | Yes | No | _____ |
| 16. Have you ever had a stinger, burner, pinched nerve or pain from neck to arm? | Yes | No | _____ |
| 17. Do you have frequent or severe headaches? | Yes | No | _____ |
| 18. Have you ever had heat or muscle cramps, heat exhaustion or heat stroke? | Yes | No | _____ |
| 19. Have you ever been dizzy or passed out in the heat? | Yes | No | _____ |
| 20. Do you have trouble breathing or do you cough or wheeze during or after exercise? | Yes | No | _____ |
| 21. Do you have asthma? | Yes | No | _____ |
| 22. Do you use any special equipment (braces, orthotics, mouth guard, retainer, eye guards)? | Yes | No | _____ |
| 23. Do you have capped teeth, bridges, or partial dentures? | Yes | No | _____ |
| 24. Have you ever had any trouble with your eyes or vision? | Yes | No | _____ |
| 25. Do you wear contacts or glasses? | Yes | No | _____ |
| 26. Do you have any ear disease, hearing problems or do you wear hearing aids? | Yes | No | _____ |
| 27. Have you ever sprained/strained, dislocated, fractured, broken any bones or joints? | Yes | No | _____ |
| 28. Have you had other medical problems (mono, diabetes, myocarditis, hepatitis, cancer, etc.) | Yes | No | _____ |
| 29. Does anyone in your family have Marfan's syndrome? | Yes | No | _____ |
| 30. Have you ever been diagnosed with blood or bleeding disorders? | Yes | No | _____ |
| 31. Have you experienced abdominal discomfort, constipation, diarrhea on a frequent basis? | Yes | No | _____ |
| 32. Are you comfortable with your body weight? | Yes | No | _____ |
| 33. Do you diet frequently or are you dieting now? | Yes | No | _____ |
| 34. Have you ever tried to control weight by vomiting, using laxatives, diuretics or diet pills? | Yes | No | _____ |
| 35. Have you ever taken supplements, medications or vitamins to improve your performance? | Yes | No | _____ |
| 36. Do you have only one kidney? | Yes | No | _____ |
| 37. For Boys: Do you have only one testicle? | Yes | No | _____ |
| 38. For Girls: Are your menstrual periods regular? | Yes | No | _____ |
| a. Date of first menstrual period? _____ Date of last menstrual period? _____ | | | |
| b. What was the longest time between your periods last year? _____ | | | |

Explain any "yes" answers here:

I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.		
I give my permission for _____ to participate in ANY sport offered by South Colonie Schools.		
I DO NOT give my permission for _____ to participate in the following sport/sports: _____		
Signature of Parent/Guardian: _____	Date: _____	Signature of Athlete: _____