

INTERIM QUESTIONNAIRE

A complete physical by a licensed medical professional is required for any student who wishes to participate in athletics at Post Falls Middle School. The physical must be completed after June 1st of the 6th grade year (or later if not participating in sports during the 6th grade year). Only one physical is required during the middle school years.

The "Interim Questionnaire" is to be filled out and signed by the parent or guardian before a season starts, during the years a physical is not required, as long as no major medical conditions have developed since the last physical. Please read, fill out, and sign the questionnaire below. This questionnaire, along with a physical, completed during the middle school years, must be on file in the Post Falls Middle School Office before athletic participation, including practices, begins.

PLEASE PRINT

LAST NAME FIRST MIDDLE DATE

MALE____ FEMALE____ YEAR IN SCHOOL 6TH 7TH 8TH (CIRCLE ONE)

Since his/her last athletic physical exam, has the student:

- | | YES | NO |
|--|-------|-------|
| 1. Had surgery? | _____ | _____ |
| 2. Been Hospitalized? | _____ | _____ |
| 3. Been under a physicians 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 "yes" answers:

Signature of Parent/Guardian_____ Date_____