

*Bring this completed form to your coach on your first day of try-outs or practice.

Athletic Medical Questionnaire Mt. Ararat Middle School

MSAD #75 has an athletic health policy that requires students who wish to participate in athletics to have a physical exam prior to competing in middle school athletic programs. A record of this exam must be turned into the school before a student will be allowed to participate in any athletic activity.

In the years a physical is not required, students who will be participating in an athletic activity will be required to complete this questionnaire to help us assess the health of the student. A school health professional can review this questionnaire and may require a physical examination under some circumstances. All physical examinations are at the parent's expense.

	YES	NO
Has your son/daughter had any injuries requiring medical attention since his/her last exam?	___	___
Has he/she had any illness lasting more than a week since his/her last physical exam?	___	___
Does he/she have a follow-up appointment for either of the above two questions?	___	___
Does he/she currently take any medication, even on an "as needed" basis?	___	___
Does he/she wear contact lenses?	___	___
Has he/she had any surgery since his/her last examination?	___	___
Has he/she seen a dentist for a tooth injury since his/her last physical exam?	___	___
Has he/she had to withdraw from an athletic activity for physical reasons?	___	___
Do you know of any reason why he/she should not participate in sports?	___	___

Please explain any "yes" answers here:

Signature of Parent/Guardian

Name of Student – Please Print

Date

Grade

SPORT