

MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT
ATHLETIC HEALTH QUESTIONNAIRE

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ Sport \_\_\_\_\_

Has the athlete ever had:

Table with 3 columns: Question, Yes, No, Date. Contains 20 numbered items such as 'Epilepsy, convulsions', 'Fainting', 'Heart or blood pressure problem', etc.

Please explain any YES answers. Use other side if necessary: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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DO NOT FILL IN - SECTION TO BE COMPLETED BY PHYSICIAN

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Scoliosis \_\_\_\_\_

This certifies that this student is qualified to participate during the school year in the categories of competition below which are checked.

- Contact or collision sports [ ] baseball field hockey soccer volleyball basketball football softball wrestling
Endurance Activities [ ] cheerleading swimming cross country tennis track/field

Reason for disqualification \_\_\_\_\_

Date \_\_\_\_\_ Physician \_\_\_\_\_

This certificate is void if the student incurs a significant injury or is absent from school for five (5) or more consecutive days because of illness. A new certificate must be issued for continued or renewed participation. The student must be seen by the family or school physician for this approval.