

PHYSICAL EDUCATION HEALTH QUESTIONNAIRE

This form must be completed before student can participate in any physical education classes.

STUDENT'S NAME _____

EMERGENCY CONTACT PERSON _____

RELATIONSHIP _____ PHONE () _____

PRIMARY CARE PHYSICIAN _____

ADDRESS _____ PHONE () _____

DATE OF LAST VISIT/PHYSICAL _____

MEDICAL HISTORY: It is important that this form be filled out completely and accurately by a parent or legal guardian. It is an important part of providing health care to your child, and allows the physician's focus on important areas specific to your child.

Please circle all appropriate answers.

ALLERGIES? Y/N **DRUGS:** Penicillin Sulfa Other _____

ENVIRONMENTAL: Bee stings Pollen Dust Other _____

What happens during allergic reaction? _____

Current Prescription medications? _____

Reason for medication _____

Bone, joint, tendon or ligament injuries requiring medical attention? **Y/N**

Explanation _____

Neck or back injuries/problems? **Y/N**

Explanation _____

Any previous surgery? **Y/N**

Explanation _____

Any previous hospitalizations? **Y/N**

Explanation _____

Any history of loss of consciousness? **Y/N**

If "Yes," was the athlete: knocked out fainted?

Any history of seizures? **Y/N**

Explanation _____

Wear glasses contacts? **Y/N**

Any history of asthma? **Y/N** If "Yes," is an inhaler required? **Y/N**

Has your child ever had any PE class limitations? **Y/N**

Explanation _____

Are immunizations current? **Y/N**

Any uncorrected visual condition that may impair sports participation? **Y/N**

Any significant medical problems such as: **(Circle all appropriate answers)**

Loss of an organ (i.e. kidney, spleen, eye, etc.)

Bleeding problems (i.e. Anemia, Sickle cell, hemophilia, etc.)

Respiratory problems (i.e. Shortness of breath, asthma, tuberculosis, collapsed lungs, etc.)

Cardiac problems (i.e. Murmur, etc.)

Psychiatric problems requiring medical treatment

Leukemia

Menstrual problems

Any family history of: **(Circle all appropriate answers)**

Diabetes requiring insulin Bleeding problems Heart problems Other _____

Is there any other medical condition that you know of that should be brought to the attention of the physicians or any reason why the athlete should be limited or withheld from athletic participation? **Y/N**

Explanation _____

I hereby certify that the above information is true and correct.

Parent Signature _____ **Date** _____