Sample

Sports Questionnaire

To be completed by athlete and parent

1. Have you ever had an illness that:
   a. required you to stay in the hospital?
   b. lasted longer than a week?
   c. caused you to miss 3 days of practice or a competition?
   d. is related to allergies? (i.e., hay fever, hives, asthma, insect stings)
   e. required an operation?
   f. is chronic? (i.e., asthma, diabetes, etc.)

2. Have you ever had an injury that:
   a. required you to go to an emergency room or see a doctor?
   b. required you to stay in the hospital?
   c. required x-rays?
   d. caused you to miss 3 days of practice or a competition?
   e. required an operation?

3. Do you take any medication or pills including herbal supplements?

4. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly?

5. Have you ever:
   a. been dizzy or passed out during or after exercise?
   b. been unconscious or had a concussion?

6. Are you unable to run a half-mile (2 times around the track) without stopping?

7. Do you:
   a. wear glasses or contacts?
   b. wear dental bridges, plates, or braces?

8. Have you ever had a heart murmur, high blood pressure or a heart abnormality?

9. Do you have any allergies to any medicine?

10. Are you missing a kidney?

11. Have you ever used diet pills?

12. For Women
   a. At what age did you experience your first menstrual period?
   b. In the last year, what is the longest time you have gone between periods?

EXPLAIN ANY "YES" ANSWERS

When was your last tetanus booster?

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.
Date: _______________

Signature of athlete: ______________________________________

Signature of parent: _______________________________________

Nancy Dube, School Nurse Consultant
Department of Education
624-6688, Nancy.Dube@Maine.Gov