

MIAA Recommended Sports Candidate Medical Questionnaire

1. PART A IS TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN.
2. PART B IS TO BE COMPLETED AND SIGNED BY THE EXAMINING PHYSICIAN.
3. COMPLETED FORM IS TO BE TURNED INTO THE HEALTH OFFICE OF THE PARTICIPATING HIGH SCHOOL.

PART A: TO BE COMPLETED BY PARENT OR GUARDIAN DATE: _____

Student's Name _____

Student's Address: _____ Date of Birth: _____

Parent's/Guardian Name _____ Telephone () _____

Physician Name _____ Telephone () _____

Physician Address _____

Telephone () _____ Name of Insurance _____ Policy# _____

1. When did your child last see a medical doctor in the past two years? •

EXPLAIN: _____

2. Does/has your child have/had a disease(s) that affects the function of eye, ear, testicle, kidney, or lung? If so, please explain?

3. List any operations; fractures, sprains; or bone dislocations

----- DATE OR AGE _____
 ----- DATE OR AGE _____

4. Has your child ever had any of the following? Circle *y* FOR YES, *N* FOR NO,

- | | | | | | |
|-----------------------------------|---|---|---------------------------|---|---|
| A. ASTHMA AND/OR ALLERGIES | y | N | K. MONONUCLEOSIS | y | N |
| B. FAINTING AND/OR CONVULSION | y | N | L. PNEUMONIA | y | N |
| C. HEART MURMUR/HEART CONDITION | y | N | M. HEPATITIS | y | N |
| D. RHEUMATIC FEVER | y | N | N. BRONCHITIS | y | N |
| E. KIDNEY DISEASE OR INJURY | y | N | ** O. HEAD INJURY | y | N |
| F. HEAT STROKE/HEAT EXHAUSTION | y | N | ** P. CONCUSSION, | y | N |
| G. DIABETES | y | N | Q. SEIZURE | y | N |
| H. MENSTRUAL PROBLEMS | y | N | R. MAJOR DENTAL PROBLEMS | y | N |
| I. BLOOD DISORDERS | y | N | S. TUMORS | y | N |
| J. ARTHRITIS AND/OR JOINT REDNESS | y | N | T. BRIDGES OR FALSE TEETH | y | N |
| | | | U. OTHER | y | N |

• If student was diagnosed with a **concussion**, please list diagnosis and duration of symptoms

Please explain any "Yes" answers to the above questions

