

COVENTRY HIGH SCHOOL
SPORTS CANDIDATE QUESTIONNAIRE

Name: _____ D.O.B. _____ Grade: _____ Date of Physical: _____
Home Address : _____ Telephone Number: _____
Parent/Guardian Name: _____ Work Number: _____

This form must be signed by a parent/guardian. Please check YES or NO. If response is YES, explain in the space at the lower portion of this page.

Does the student:

	<u>YES</u>	<u>NO</u>
1. Have any known allergies or have to carry a bee sting kit?	<input type="checkbox"/>	<input type="checkbox"/>
2. Take any long-term continuous medication?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have a seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
4. Wear glasses/contact lenses during play?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have only one eye or eye disease?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have false teeth, wear braces, need a mouth guard?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have only one kidney or a kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have diabetes, hypoglycemia, or arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have easy bleeding when bruised/does it take a long time to stop?	<input type="checkbox"/>	<input type="checkbox"/>

Has the student ever had?

10. Family history of early cardiovascular or sudden unexplained death?	<input type="checkbox"/>	<input type="checkbox"/>
11. Previous or current history of heart/cardiovascular disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Fainting/loss of consciousness or lightheadedness during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
13. A concussion (knocked unconscious)?	<input type="checkbox"/>	<input type="checkbox"/>
14. A serious eye injury, ear injury, or surgery?	<input type="checkbox"/>	<input type="checkbox"/>
15. Asthma, high blood pressure, or heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
16. A liver disease or had any injury to his/her spleen?	<input type="checkbox"/>	<input type="checkbox"/>
17. "Mono" (mononucleosis)? Year _____	<input type="checkbox"/>	<input type="checkbox"/>
18. Back pain/pinched nerves or a neck or spine injury?	<input type="checkbox"/>	<input type="checkbox"/>
19. A sprained knee or water on the knee?	<input type="checkbox"/>	<input type="checkbox"/>
20. Pain underneath the kneecaps or wear a brace?	<input type="checkbox"/>	<input type="checkbox"/>
21. Shin splints?	<input type="checkbox"/>	<input type="checkbox"/>
22. Ankle or foot problems, including sprains?	<input type="checkbox"/>	<input type="checkbox"/>
23. Joint problems (shoulder, wrist, elbow, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
24. A fracture (broken bone)? If yes, specify below:	<input type="checkbox"/>	<input type="checkbox"/>

<u>Area Fractured</u>	<u>Year</u>	<u>Area Fractured</u>	<u>Year</u>
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Explain YES answers here: _____

Parent or Guardian Permission

I hereby give my consent for the above-named student to: (1) represent his/her school in athletic activities, provided that such athletic activities are approved by the State Association; and (2) to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel. If the student has had a major illness or has been injured since the last physical, documentation will be required from their physician before participation is allowed.

(Signature of Parent/Guardian)

(Date)

NOTE: THIS FORM IS TO BE FILLED OUT COMPLETELY AND FILED IN THE HIGH SCHOOL OFFICE OR WITH THE APPROPRIATE COACH BEFORE THE STUDENT IS ALLOWED TO PRACTICE AND/OR COMPETE