

Northampton High School

Sports Candidate Questionnaire

To be filled out and signed by student and parent/guardian

Name _____ Gender _____ Date of Birth _____ Grade _____

Address _____ Phone _____

Allergies _____ Epi Pen: YES NO

1	YES	Have you had a medical illness or injury since your last check up?	NO
2	YES	Are you currently taking any medications?	NO
3	YES	Have you ever been hospitalized over night?	NO
4	YES	Have you ever had surgery?	NO
5	YES	Have you ever been restricted from sports participation for any reason?	NO
6	YES	Have you ever had a sprain, dislocation, injured joint, muscle strain or broken bone?	NO
7	YES	Have you ever passed out during exercise?	NO
8	YES	Have you ever had chest pain during or after exercise?	NO
9	YES	Do you get tired more quickly than your friends during exercise?	NO
10	YES	Do you do additional exercise outside regular training for your sport?	NO
11	YES	Have you ever taken any supplements or vitamins to help gain or lose weight or to improve performance?	NO
12	YES	Do you lose weight regularly to meet weight requirements for your sport?	NO
13	YES	Do you want to weigh more or less than you do now?	
14	YES	Have you ever had racing of your heart during rest or a skipped or irregular heartbeat?	NO
15	YES	Has any family member died suddenly of unknown cause before age 40?	NO
16	YES	Have you ever had a head injury, concussion, been knocked out, lost consciousness or lost your memory?	NO
17	YES	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	NO
18	YES	Have you ever had a seizure?	NO
19	YES	Do you cough or wheeze or have trouble breathing during or after activity?	NO
20	YES	Do you have asthma?	NO
21	YES	Do you have any skin problems?	NO
22	YES	Do you use any special protective or corrective equipment, for example, knee brace, foot orthotics, retainer for teeth, hearing aid?	NO
23	YES	Do you wear glasses, contacts or protective eyewear?	NO
24	YES	Are you currently under care for any ongoing or chronic illness or injury that hasn't been addressed by other questions? Explain below.	NO
25	YES	(Females) Have you had irregular or missed periods in the last year?	NO

Explain any YES answers here: _____

To the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete _____ Date _____

Signature of Parent/Guardian _____ Date _____

Health Care Provider Examination and Comments

Student Name _____ Age _____

Blood Pressure _____ Pulse _____ Height _____ Weight _____ BMI _____

Tanner Stage 1 2 3 4 5 Girls: Menarche YES NO Years since onset: _____ Date of last menstrual period: _____

Medical	Check if WNL	Comments/Findings
General Appearance		
Skin		
HEENT/Dental		
Lymph nodes		
Cardiovascular		
Respiratory		
Abdomen		
Genitalia (male)		
Musculoskeletal		
Postural screening		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

Restriction on Sports Participation

___ No Disqualifying Conditions

___ Disqualifying condition found for collision/contact sports (Basketball, Field Hockey, Football, Ice Hockey, Lacrosse, Soccer, Wrestling)

___ Disqualifying condition found for limited contact sports (Baseball, Bicycling, Cheerleading, Gymnastics, High Jump, Pole Vault, Skiing, Softball, Ultimate Frisbee, Volleyball)

___ Disqualifying Condition found for non-contact sports (Crew, Discus, Golf, Javelin, Shot Put, Running, Swimming, Tennis)

___ Disqualifying condition found for the following sport: _____

Comments _____

Examiner's Signature _____ Date of Exam _____

Examiner's Name (Print) _____ Date _____