

**SOMERSET BERKLEY REGIONAL HIGH SCHOOL
ATHLETIC HEALTH QUESTIONNAIRE**

Student's Name: _____ **Grade** _____ **DOB** _____

Sport Participating In _____ **Date** _____

Have you ever been hospitalized? no__ yes__ explain _____
Have you ever had surgery? no__ yes__ date(s) _____
Are you presently taking any medication? no__ yes__ explain _____
Do you have any allergies? (medicine, food, insects, etc.) no__ yes__ explain _____
Have you ever fainted or felt dizzy or during or after exercise? no__ yes__ explain _____
Have you ever had chest pain during or after exercise? no__ yes__ explain _____
Have you ever had high blood pressure? no__ yes__ explain _____
Have you ever been told that you have a heart murmur? no__ yes__ explain _____
Have you ever had racing of the heart or skipped heartbeats? no__ yes__ explain _____
Has anyone in your family died suddenly of heart problems before the age of 50? no__ yes__ explain _____
Have you ever had a head injury? no__ yes__ explain _____
Have you ever been diagnosed with a concussion? no__ yes__ date(s) _____
Have you ever had a seizure? no__ yes__ explain _____
Do you have trouble breathing or do you cough after activity? no__ yes__ explain _____
Do you use any special equipment (pads, braces, neck rolls, mouth or eye guards)? no__ yes__ explain _____
Have you had any problems with your eyes or vision? no__ yes__ explain _____
Have you had any dental repairs? no__ yes__ explain _____
Have you had any bone or spine injuries or disease? no__ yes__ explain _____
Do you wear glasses, contacts, or protective eyewear? no__ yes__ explain _____

Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of the following bones or joints? no__ yes__ date(s) _____

___head ___shoulder ___thigh ___neck ___knee ___chest ___hip
___forearm ___shin/calf ___back ___wrist ___hand ___foot ___other

If yes, explain. _____

Have you had any other medical problems (asthma, mononucleosis, hepatitis, diabetes, rheumatic fever, etc.) no__ yes__ If yes, explain/date(s). _____

Date of last tetanus shot and where received _____

I hereby certify that the above information provided is accurate and true to the best of my knowledge.

Signature of Parent/Guardian _____

CONSENT TO RECEIVE ATHLETIC PHYSICAL

I give permission for my son/daughter to receive an athletic physical from the school physician in order to determine fitness to participate in _____ (activity/sport). All student athletes are REQUIRED to have an annual physical exam. A valid physical exam must be completed **AFTER July 1st** preceding the school year. **I understand that if my child misses the physical exam offered by the school system, we are responsible for obtaining one on our own.** The Somerset/Swansea Walk-In on Rte. 6 offers a discounted price for sports physicals.

(parent/guardian's signature)

(date)

