

Valley Stream Central High School District  
**Interval Medical Questionnaire & Consent for Sport**

Name \_\_\_\_\_ School \_\_\_\_\_

Date \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Instructions:** Parent must answer questions by placing an **X** in the box provided. All "**Yes**" answers must be explained. All forms must be signed in the proper space. This questionnaire must be completed and signed by the parent prior to **each sport season**.

<b>Does your child have a history of:</b>	<b>Yes</b>	<b>No</b>	<b>If yes, explain</b>
1. Seizures, convulsions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Fainting or repeated dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Severe headaches with heavy exertion?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Serious head injury or repeated concussion within 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Wearing glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Loss of sight in one eye or serious eye disorders?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Hearing loss (one or both ears)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Repeated or prolonged shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Asthma attacks?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Chronic cough or chest pain while running?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Palpitations of the heart (skipped beats)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Heart murmur or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Have any members of your family had heart problems before the age of 50?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Frequent or recurrent abdominal pain?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Enlarged liver or spleen?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Kidney disease or absence of one kidney?	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Bloody urine or blood in bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Bleeding problems, prolonged bleeding or anemia?	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Hernia or rupture?	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Severe muscle or joint problem (especially knee or ankle)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Persistent pains in any joint or in arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Limp lasting more than one week within last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Abnormality or surgery to back or spine?	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. Any operation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. Allergy to anything specific?	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. Presently taking any prescribed drug?	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Any illness lasting over one week (such as pneumonia, mononucleosis, hepatitis, nephritis, rheumatic fever, tuberculosis, etc.)? Date Occurred _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Any injuries over the past 6 months requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Being treated in hospital or emergency room over past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. Any reason person cannot participate in a particular sport?	<input type="checkbox"/>	<input type="checkbox"/>	_____
32. Diabetes: other chronic illness or disability?	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. Boys only: Missing one testicle?	<input type="checkbox"/>	<input type="checkbox"/>	_____
34. Girls only: Menstrual Problems? Date of first menstruation _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

I have read the above questions and the answers are true to the best of my knowledge.

Please be advised that participating in an interscholastic athletic or related activity may place the student-athlete at a risk for injury. Consequent expenses, in excess of applicable insurance payments, are the sole responsibility of the student-athlete's parent/guardian.

I give consent for my child (name) \_\_\_\_\_ to participate in (sport) \_\_\_\_\_.  
 I request that this year's sport physical remain in effect through all subsequent sport seasons for this school year. If conditions so warrant it, I authorize the sponsor/coach/advisor to seek emergency medical help for my child.

Parent's Signature \_\_\_\_\_ Relationship to student \_\_\_\_\_