

Sample

Sports Questionnaire

To be completed by athlete and parent

Yes No

- 1. Have you ever had an illness that:
 - a. required you to stay in the hospital? _____
 - b. lasted longer than a week? _____
 - c. caused you to miss 3 days of practice or a competition? _____
 - d. is related to allergies? (i.e., hay fever, hives, asthma, insect stings) _____
 - e. required an operation? _____
 - f. is chronic? (i.e., asthma, diabètes, etc.) _____
- 2. Have you ever had an injury that:
 - a. required you to go to an emergency room or see a doctor? _____
 - b. required you to stay in the hospital? _____
 - c. required x-rays? _____
 - d. caused you to miss 3 days of practice or a competition? _____
 - e. required an operation? _____
- 3. Do you take any medication or pills including herbal supplements? _____
- 4. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly? _____
- 5. Have you ever:
 - a. been dizzy or passed out during or after exercise? _____
 - b. been unconscious or had a concussion? _____
- 6. Are you unable to run a half-mile (2 times around the track) without stopping? _____
- 7. Do you:
 - a. wear glasses or contacts? _____
 - b. wear dental bridges, plates, or braces? _____
- 8. Have you ever had a heart murmur, high blood pressure or a heart abnormality? _____
- 9. Do you have any allergies to any medicine? _____
- 10. Are you missing a kidney? _____
- 11. Have you ever used diet pills? _____
- 12. For Women
 - a. At what age did you experience your first menstrual period? _____
 - b. In the last year, what is the longest time you have gone between periods? _____

EXPLAIN ANY "YES" ANSWERS

When was your last tetanus booster?

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date: _____

Signature of athlete: _____

Signature of parent: _____

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