



MIAA RECOMMENDED SPORTS CANDIDATE MEDICAL QUESTIONNAIRE

PART A ~ HISTORY

DATE of EXAM _____

| | | | | |
|----------------|--------|----------|-----|---------------|
| Student's Name | | Sex | Age | Date of Birth |
| Grade | School | Sport(s) | | |
| Address | | Tel | | |
| Physician | | Tel | | |

IN CASE OF AN EMERGENCY, CONTACT:

Name _____ Relationship _____ Tel (H) _____ (W) _____

EXPLAIN "YES" ANSWERS BELOW. CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.

| | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 32. Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a missing or diseased paired organ? | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 34. Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | <i>If yes, check appropriate box and explain below:</i> | | |
| 8. Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| 9. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| 10. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| 11. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/Calf |
| 12. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 13. Have you ever had racing of your heart or skipped heartbeat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper Arm | | <input type="checkbox"/> Foot |
| 14. Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | 36. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | 37. Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | 38. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Record the dates of your most recent immunizations (shots) for: | | |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | Tetanus _____ | Measles _____ | |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B _____ | Chickenpox _____ | |
| 20. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES ONLY: | | |
| 21. Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 40. When was your first menstrual period? _____ | | |
| 22. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 41. When was your most recent menstrual period? _____ | | |
| 23. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 42. How much time do you usually have from the start of one period to the start of another? _____ | | |
| 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | 43. How many periods have you had in the last year? _____ | | |
| 25. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | 44. What was the longest time between periods in the last year? _____ | | |
| 26. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | <i>Explain "Yes" answers here:</i> _____ | | |
| 27. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 28. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 29. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |

I HEREBY STATE THAT 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 _____

~ over ~

Canton High School

Athletic Department 2011-12

Code of Conduct, Fitness Center, Fan Sportsmanship Flyer and Concussion Education Sign-Off Sheet

Student-Athlete

I plan on participating in the following athletic program(s) at CHS this year:

- I hereby acknowledge that I have read the Canton High School Athletic Policy , Code of Conduct and Rules and Regulations. I have read them and understand that I am expected to abide by these rules as a team member. Violation of these rules is subject to disciplinary action by the High School Administration.
- I hereby acknowledge that I have read the CHS fan sportsmanship flyer and agree to comply with both the spirit and letter of the flyer's stated expectations.

Student's Signature: _____ Date: _____

Parent/Guardian

- I hereby acknowledge that I have read the above mentioned CHS Athletic Policy, Code of Conduct and Rules and Regulations. I give permission for my son/daughter to participate in the above sports under the guidance of the coaching staff, athletic director and principal of Canton High School. I have reviewed the above mentioned document with my son/daughter and understand that he/she is expected to follow them.
- I hereby acknowledge that I have read the CHS fan flyer and agree to comply with both the spirit and letter of the flyer's stated expectations.
- I hereby acknowledge that I have reviewed the concussion materials made available on the CHS Athletics website.
- I grant permission for my son/daughter to use the Scott Herr Memorial Fitness Center and/or the CHS weight room both during season and during the off-season.

Parent Signature: _____ Date: _____

Canton Public Schools do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age or disability.

CANTON HIGH SCHOOL

ATHLETIC DEPARTMENT

INSURANCE-MEDICAL RELEASE FORM 2011-12

NAME OF STUDENT: _____ D.O.B. _____

MOTHER: _____ FATHER: _____

HOME ADDRESS: _____ HOME PHONE: _____

STUDENT'S SOCIAL SECURITY NO.: _____

FAMILY PHYSICIAN: _____ PHONE _____

NAME OF MEDICAL INSURANCE PLAN: _____

NUMBER OF INSURANCE PLAN: _____

I hereby give my consent for _____, (son/daughter), to participate in interscholastic or intramural athletic activities regulated by the Canton Public Schools. I also give my consent for him/her to accompany the team as a member on its out-of-town trips, and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain through a physician or its choice, such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of school athletic activities.

PARENT NAME (PRINT): _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Canton Public Schools do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age or disability.

**PARENTAL CONSENT, RELEASE FROM LIABILITY AND
INDEMNITY AGREEMENT 2011-12**

This is a legal document which, if signed, will have the effect of rendering you and your child unable to bring any type of action against the Town of Canton, the Canton School Committee, or any of its agents, because of any harm to you or your minor child may suffer as a result of his/her participation in the voluntary athletics programs of the Canton Public Schools.

I, _____ parent of _____,
a minor, do hereby consent to his/her participation in the voluntary athletic programs of the Canton Public Schools, and hereby forever RELEASE, discharge and covenant to hold harmless the Town of Canton and its elected and appointed officials, committees (including but not limited to the Canton School Committee), officers, agents, employees, insurers, attorneys, servants, affiliates, and their successors and assigns, from any and all manner of actions and causes of action, agreements, judgments, settlements, damages, claims, and demands whatsoever, known or unknown, at law or in equity, on account of, or in any way growing out of, directly or indirectly, all known or unknown personal injuries or property damage which I may now or hereafter have as the parent of said minor, and also all manner of actions and causes of action, agreements, judgments, settlements, damages, claims and demands whatsoever, known or unknown, at law or in equity, which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority, resulting from his/her participation in the voluntary athletic programs of the Canton Public Schools.

I acknowledge that I enter into this Agreement after having ample opportunity to consult with counsel, and I do so knowingly and voluntarily, with complete understanding of the terms and conditions of the Agreement.

PARENT/GUARDING SIGNATURE: _____

DATE: _____

Canton Public Schools do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age or disability.