



INTERIM QUESTIONNAIRE FORM

Every student must complete a medical history questionnaire and a physical examination prior to his/her first practice in a middle-school (grades 6-8) athletic program in the State of Idaho. The examination is at the expense of the student and may not be taken prior to May 1 for the following year's activities. This examination is to be performed by a licensed physician, physician's assistant, or nurse practitioner under optimal conditions. Students who complete this examination will be required to submit interim medical history forms during subsequent middle-school years.

Student's Name: _____ D.O.B. _____

Address: _____

Age: _____ Grade: _____ Sex (circle): M / F Phone: _____

Medical History

SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Check if 'Yes':

Explain any 'Yes' answers:

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Had surgery? | <input type="checkbox"/> Been diagnosed unconscious? |
| <input type="checkbox"/> Been hospitalized? | <input type="checkbox"/> Been diagnosed with a concussion? |
| <input type="checkbox"/> Been under a physician's care? | <input type="checkbox"/> Started taking any new medications? |
| <input type="checkbox"/> Had serious illness? | <input type="checkbox"/> Developed any new drug allergies? |
| <input type="checkbox"/> Had an injury requiring physician's care? | <input type="checkbox"/> Developed any health problems? |

Explain any 'yes' answers:

Parent Signature _____ Date: _____