Stonington Public Schools
Sports Candidate Health Questionnaire

Name __________________________________________ Date of Birth _______________________

Address ____________________________________________________________________________

School ____________________________ Sport ________________________ Grade ______

1. Please Check if the Student has a History of Any of the Following and Explain:
   □ Seizures                □ Hepatitis               □ Anemia                □ Diabetes
   □ Heart Problems         □ Bleeding Disorder     □ Concussion            □ Fractures
   □ Breathing Difficulties □ Visual Problems       □ Allergies             □ Surgery
   □ Hospitalization        □ Hearing Problems     □ Arthritis             □ Mono

Explanation: Please indicate body part (right or left); also approximate year of medical problem.

____________________________________________________________________________________

2. Is the student taking any medications now? List ________________________________

3. Is the student being treated for any medical problems now? ______________________

4. Did the student have any recent immunizations? _________________________________

5. Are there any problems that might interfere with the student’s athletic performance? _____

____________________________________________________________________________________

6. I prefer to have my son/daughter examined by:
   □ Our Family Physician    □ Dr. Michael Blefeld, School Physician

Parent Signature ________________________________ Date ______________________

Student Signature ______________________________ Date ______________________

____________________________________________________________________________________

OFFICE USE – DO NOT WRITE IN THIS SPACE

Height ___________________________ Medical Doctor __________________________

Weight __________________________ Date _________________________________

Blood Pressure _____________________ Dental ______________________________

Hematocrit _________________________ Scoliosis ___________________________

Urinalysis _________________________ Problem Referred ____________________

05/17/12