

SPORTS SCREENING/CONSENT FORM
(form needed only for annual physical night)

I am the legal guardian of _____

I authorize the conduction of a pre-participation screening exam. I understand that this is a screening exam and that rare or occult diseases can occur despite a thorough screening exam. I understand that failure to honestly answer all screening questions can result in undo risk to the athlete with potential dire consequences.

Have you ever passed-out during exercise? _____

Have you ever been dizzy during exercise? _____

Have you ever had chest pain during exercise? _____

Do you tire more quickly than your friends? _____

Have you ever felt your heart racing or skipping beats? _____

Have you ever had high blood pressure? _____

Have you ever been told you have a heart murmur? _____

Has anyone in your family died of heart problems before the age of 50? _____

Have you had an injury, which prevented you from participating in sports within the last year? _____

Signature of parent/guardian _____

Name _____

Address _____

Home Phone _____

Date _____