



## INTERIM QUESTIONNAIRE

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|           |       |        |                               |      |
|-----------|-------|--------|-------------------------------|------|
| Last Name | First | Middle | Male / Female<br>(circle one) | Date |
|-----------|-------|--------|-------------------------------|------|

Since his/her last athletic physical examination, has this athlete:

- |   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| 1. Had surgery                                | _____      | _____     |
| 2. Been hospitalized                          | _____      | _____     |
| 3. Been under a physician's care              | _____      | _____     |
| 4. Had a serious illness                      | _____      | _____     |
| 5. Had an injury requiring a physician's care | _____      | _____     |
| 6. Been rendered unconscious                  | _____      | _____     |
| 7. Started taking any new medications         | _____      | _____     |
| 8. Developed any new drug allergies           | _____      | _____     |
| 9. Developed any health problems              | _____      | _____     |
| (Please explain all <b>yes</b> answers)       |            |           |
| _____   |            |           |
| _____   |            |           |

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My athlete \_\_\_\_\_ should or \_\_\_\_\_ should not have a physical examination prior to participation in high school athletics.

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Signature of Parent or Guardian

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Address

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City Zipcode

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### CONSENT FORM

I hereby consent to the above-named athlete participating in the PFJT&C program. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by the physicians designated by PFJT&C authorities for any illness or injury resulting from his/her athletic participation. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above-named athlete.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

My participation in PFJT&C athletics is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulation of the PFJT&C program.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date