

**Bridgewater Union Free School District
Pre-Season Health Update - Athletic Candidates Questionnaire**

Name	Date of Birth	Grade	Athletic Activity
HISTORY SINCE LAST MEDICAL EXAM			

1. Any injuries requiring medical attention?	Yes	No	6. A surgical operation or fracture?	Yes	No
2. Any illness lasting more than five days?			7. Treated in a hospital or Emergency Room?		
3. Taking any medicine or under physician's care at this time?			8. Any reason why this person cannot participate in any sport?		
4. Any feeling of faintness, dizziness or fatigue after heavy exertion?			9. Any known allergies?		
5. Wears glasses or contact lenses?			10. Any chronic disease?		

If yes to any of the above, describe: _____

PERMISSION

We understand clearly that the questions are asked in order to decide if this student is in a proper condition to participate in the athletic activity named at top of this form. The answers are correct as of the date this form is signed. All answers will be kept confidentially in his/her health record in the school health office.

Signature of Parent/Guardian	Date	Signature of Student	Date
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NOTE: "Yes" answers to any of these questions do not mean automatic disqualification from the athletic activity indicated. They will require review and evaluation by the school physician.