

**PARKER PEDIATRICS AND ADOLESCENTS
SPORTS QUESTIONNAIRE**

In order to insure that your child is able to safely participate in sports, we need to review his/her recent health history. **Your child must be up to date on their physical (within the last 365 days).** Please answer the following brief questionnaire and sign. We will not be able to sign any sports participation or sports camp form unless this is completed.

1.	Has your child had any new medical conditions that we may not be aware of since his/her last physical?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has your child had any injuries that we may not be aware of since her/his last physical?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Has your child had any concussions, loss of consciousness, fainting or seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Is there any family history of early sudden death, abnormal heart beat or fainting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any questions, please explain:

Patient Name _____ DOB _____

Parent Signature _____ Date _____

FOR OFFICE USE
Date of Last Physical/Health Supervision Exam: _____