SOLVAY SCHOOLS
SPORTS CANDIDATES’ QUESTIONNAIRE
(To be completed by PARENTS and returned to school nurse prior to sports physical examination.)
STUDENTS: Do not write on this form

Student’s Name: _______________________________ Birth Date: ____________

Address: ______________________________________ Grade: ______________

____________________________________________ Sport: ________________

____________________________________________ Physical Date: ____________

Parents: ________________________________________

Phone Number: ________________________________

SPORT(S) Fall __________ Winter __________ Spring __________

1. Has had injuries requiring medical attention? Yes No ______________________
2. Has had illness lasting more than one week? Yes No ______________________
3. Is under a physician’s care now for illness or injury? Yes No ______________________
5. Wears glasses? Contact lenses? Yes No ______________________ Yes No ______________________
6. Has had a surgical operation? Yes No ______________________
7. Has been in hospital overnight? Yes No ______________________
8. Do you know of any reason why this individual should not participate in sports? Yes No ______________________

9. Has experienced loss of consciousness, dizziness, light-headedness or chest pain related to exertion? Yes No ______________________

10. Has severe allergy to bee sting? Yes No ______________________

11. Has there been a sudden death in the immediate family? Yes No ______________________

(If “yes” indicate age & cause if known) ______________________

Please explain any “yes” answers to above questions ______________________

______________________________

12. Has had tetanus toxoid and booster inoculation within past 10 years? Yes No ______________________

13. Has seen a dentist within the past year? Yes No ______________________

14. Parents should be aware that participation in sports involves some risk of injury and questions in this regard may be directed to the coach of the particular sport. All Solvay athletes are insured by the Pupil Benefits Plan, Inc.

Procedure for claims is as follows:
A) Pupil shall report injury to teacher and school nurse at time injury is sustained. When the pupil receives medical treatment, notify the school at once. Report of injury shall be made within 30 days to be eligible for a claim.
B) This policy is only in excess of those benefits payable under family and/or employer policy(ies). This claim is to be first filed with another carrier(s). After final settlement, a completed claim shall be returned to the school. To ensure prompt settlement, see that the claim form and all bills are submitted to the school at the earliest possible date, plus copies of receipt or rejection of payment by your insurance carrier.
C) Final date for submission of claim to the plan office shall be one year from date of injury.

I have read the above information. This child has my permission to participate in interscholastic athletics.

______________________________
Date

______________________________
Parent Signature

If recent illness or injury is significant, please send a letter from your physician.