

# PEDIATRIC CARE OF YORK, P. C.

## INTERVAL SPORTS PARTICIPATION QUESTIONNAIRE

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SPORT(S) BEING PLAYED \_\_\_\_\_

### SINCE HIS/HER LAST EXAMINATION:

1. Has the child suffered any injury that caused loss of consciousness? Yes/No

Explain: \_\_\_\_\_  
\_\_\_\_\_

2. Has the child suffered any injury that required emergency medical care? Yes/No

Explain: \_\_\_\_\_  
\_\_\_\_\_

3. Has the child missed any games or practices due to injury? Yes/No

Explain: \_\_\_\_\_  
\_\_\_\_\_

4. Has the child seen any physicians for any medical condition? Yes/No

Explain: \_\_\_\_\_  
\_\_\_\_\_

5. Does the child have any current injuries or medical problems that may cause any limitation of activity? Yes/No

Explain: \_\_\_\_\_  
\_\_\_\_\_

6. Has the child had any fainting, chest pain or shortness of breath with exercise? Yes/No

Explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of athlete

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician