



Health Questionnaire

NAME: _____ DATE: _____
 HEIGHT: _____ in. WEIGHT: _____ lbs. AGE: _____
 PHYSICIANS NAME: _____ PHONE: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

YES NO

- 1 Has the students' doctor ever said that they have a heart condition and that they should only perform physical activity recommended by a doctor?
- 2 Does he/she ever feel pain in their chest when they perform physical activity?
- 3 In the past month, has he/she had chest pain when they were not performing any physical activity?
- 4 Does he/she lose their balance because of dizziness or ever lose consciousness?
- 5 Does he/she have a bone or joint problem that could be made worse by physical activity?
- 6 Does he/she have asthma or other pulmonary disorder?
- 7 Is your doctor currently prescribing any medication for his/her blood pressure or for a heart condition?
- 8 Do you know of any other reason why he/she should not engage in physical activity?

GENERAL & MEDICAL QUESTIONNAIRE

- 9 Does the student partake in any recreational activities (soccer, tennis, swimming, etc.)?
(If yes, please explain.)

- 10 Has the student ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?
(If yes, please explain.)

- 11 Has the student ever had any surgeries? (If yes, please explain.)

- 12 Is the student currently taking any medication? (If yes, please list.)

- 13 Does your child have any allergies? If yes, what? _____

- 14 Does the child have any history of seizures, fainting, or other neurological conditions?

- 15 Has your child ever been diagnosed for Autism?

- 16 Has your child ever been diagnosed with ADD or ADHD?

- 17 Are there any other limitations, special needs, or accommodations your child may need?
(If yes, please explain.)

Parent/Guardian Signature

Date