**Cedar Mountain Youth Football Health Questionnaire**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. In the past year, has a doctor restricted your participation in sports for any reason without clearing you to return? Yes/No**

**2. In the past year, have you passed out or nearly passed out during or after exercise? Yes/No**

**3. In the past year, have you had discomfort, pain, tightness, or pressure in your chest during exercise? Yes/No**

**4. In the past year, does your heart race or skip (irregular beats) during exercise? Yes/No**

**5. In the past year, do you get light headed or feel more short of breath than expected during exercise? Yes/No**

**6. In the past year, have you had an unexplained seizure? Yes/No**

**7. In the past year, has anyone in your immediate family died suddenly & unexpectedly for no apparent reason? Yes/No**

**8. Have you ever been told you have a heart condition of any kind? Yes/No**

**9. Have you had infectious mononucleosis (mono) in the last month? Yes/No**

**10. Have you EVER has a head injury or concussion? Yes/No**

**11. Have you ever had numbness, tingling, weakness in, or inability to move your arms or legs after being hit or failing? Yes/No**

**Parent or Legal Guardians: Please note below any health issues or concerns, medication, or allergies that may be important for coaches to know.**

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**I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I apporove participation in athletic activities.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent Signature) (Athlete Signature) (Date)**

**A YES answer to any of the questions above requires a clearance note from a physician prior to participation.**

**Cleared for Football YES/NO**