

Cedar Mountain Youth Football Health Questionnaire

Date: _____ Grade: _____

Name: _____ Birth Date: _____ Age: _____

Address: _____ Phone: _____

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| 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.

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 approve 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