

INTERIM QUESTIONNAIRE

For 7th, 8th, 10th, 12th grade students

PLEASE PRINT!!

_____	_____	_____	_____
Last Name	First	Middle	Male/Female (circle one)

_____	_____	_____	_____
Address	City	State	Zip

Since his/her last athletic physical examination, has this student:

		YES	NO	_____
				Year in School
(1)	Had surgery	_____	_____	
(2)	Been hospitalized	_____	_____	
(3)	Been under a physician's care	_____	_____	
(4)	Had a serious illness	_____	_____	
(5)	Had an injury requiring a physician's care	_____	_____	
(6)	Been rendered unconscious	_____	_____	
(7)	Started taking any new medications	_____	_____	
(8)	Developed any new drug allergies	_____	_____	
(9)	Developed any health problems	_____	_____	
	(Please explain all yes answers)			

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My child ___ **should** or ___ **should not** have a physical examination prior to participation in high school athletics.

Is your child covered by a family health insurance policy? _____ Yes _____ No

If Yes – North Idaho Christian School insurance policy becomes secondary coverage for athletic participants who are covered by a family health insurance policy.

If No – North Idaho Christian School provides primary coverage for athletic participants

Signature of Parent or Guardian

Address

City

Zip Code