

INTERIM QUESTIONNAIRE

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

PLEASE PRINT!!

Last Name	First	Middle	Male/Female (circle one)
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Address	City	State	Zip
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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