The Maryland School for the Blind

PART II – INTERSCHOLASTIC ATHLETICS
Health Center - School Year 2011-2012

– To be completed by parent and sports candidate –
only if interested in participating in interscholastic sports at MSB.

Student Name: _____
Last First Middle

FOR STUDENTS PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

Please check yes or no for each of the following questions. Explain all yes answers in the "Comments" column. Include names and dates where appropriate.

	Yes	No	Comments
Do you know of any reason why this individual should not participate in all sports?			
Has the individual been advised by a physician during the past year to restrict activity?			
Has the student ever had surgery?			
Has the student ever:			
been hospitalized?			
been unconscious?			
fainted?			
had frequent headaches?			
had convulsions?			
had numbness or tingling of face, arms, hands, legs, or feet?			
had chest pain?			
had shortness of breath?			
had enlarged liver or spleen?			
become weak or ill when exposed to high temperatures?			
Has the student ever had:			
head injury?			
neck injury?			
back pain?			
shoulder separation or dislocation?			
ankle sprain?			
knee trouble (including torn cartilage)?			
knee cap dislocation?			
broken bone or fracture?			
pulled ligament or ruptured tendon?			
swollen, dislocated, or painful joint?			
serious muscle injury or rupture?			
Does the student have loss or seriously impaired function of any paired organ?			
eye			
ear			
lung			
kidney			
testicle/ovary			
Does the student wear:			
glasses?			
contact lenses?			
dental braces?			
other?			

_____ _____ _____ _____
Parent/Guardian Signature **Date** **Sports Candidate Signature** **Date**

LB/cir:3/24/11