



Medical Questionnaire

Athlete's Name: _____

Phone: _____

Address: _____

City and Zip: _____

Birth Date: _____ Sex: _____

Marital Status: _____

Height: _____ Weight: _____

Do you smoke cigarettes? _____

Please complete the following:

1. Within the last year have you been diagnosed/ treated by a member of the medical profession?
YES or NO
2. Within the past 3 years have you:
 - a. Been hospitalized or treated by a member of the medical profession? YES or NO
 - b. Consulted a physician or had any medication prescribed? YES or NO
3. Do you have any other physical ailment or injury not yet disclosed to a physician? YES or NO
4. Have you had a physical exam during the past 60 days? (If yes please provide verification with complete medical questionnaire.) YES or NO

Please give complete details if you answered "YES" to any of the above questions.

The applicant represent to the best of his/her knowledge and belief that all statements and answers contained in this questionnaire are complete and true. The athlete and parent/legal guardian do not hold Mike Moore or George Teague responsible for any medical complication that may occur with or without the physician release signed.

Signature of the athlete (Parent or Guardian if under age of 18)