

NAME: _____
(PLEASE PRINT)

GRADE: _____

SPORT: _____
(PLEASE PRINT)

BABYLON PUBLIC SCHOOLS

DEPARTMENT OF PHYSICAL EDUCATION, ATHLETICS AND HEALTH

PARENTAL INFORMATION

HEALTH AND PERMISSION PACKET

**PERMISSION PACKETS & PHYSICALS ARE RETURNED TO THE
HS NURSE'S OFFICE.**

**EMERGENCY CONTACT SHEETS ARE RETURNED TO THE
COACH.**

Dear Parent and Athlete:

Babylon Junior-Senior High School provides interscholastic athletic opportunities for boys and girls in a variety of sports. In most of these sports, Varsity, Junior Varsity and Junior High squads are maintained and play against similar age groups from other schools. Your son/daughter wishes to participate in this program. It is our policy to solicit your permission before he/she is allowed to compete. He/She will be made aware of all training and other regulations, including specific award requirements by his/her coach prior to the start of each season. These regulations include the following:

- 1. Each member must be a bona-fide student of Babylon Junior –Senior High School and be eligible according to the rules and regulations of the Commissioner of Education, as outlined in the New York State Public High School Athletic Association’s Handbook: Section XI and Babylon Junior – Senior High School.**
- 2. Each member must complete all the requirements of the physical education program to be eligible for interscholastic athletics.**
- 3. Any student medically restricted from participation in physical education, is not eligible to participate in interscholastic athletics.**
- 4. Each member must receive parental permission to try out or participate on a team.**
- 5. Each member must receive prior medical approval from the school physician.**
- 6. No member of any athletic team shall drink alcoholic beverages, smoke or use drugs in or out of school. Alcohol/Drug Intervention guidelines will be in effect if this regulation is violated.**
- 7. Athletes are expected to attend every practice and contest, including vacation days, unless excused by the head coach of that sport. Participation in an athletic activity not affiliated to school is an unacceptable excuse for missing a practice or game.**
- 8. All squad members will keep reasonable hours throughout the season.**
- 9. Athletes shall use transportation provided by the school to and from away contests. Exceptions may be made in special cases to allow individual students to return from a contest with their parents. All requests must be made in writing. If permission is granted the coach must personally release the student to the parent.**
- 10. Once selected for a team an athlete is expected to finish the season. An individual who drops out after the selection is made may not try out for another team that season, unless the coaches of the teams involved agree that a change would be beneficial. A student dismissed from a team for disciplinary reasons may not try out for another team that season. A student must finish the season in good standing in order to be eligible for an Athletic Award. This includes attending post-season tournament events and Babylon Award ceremonies.**

In addition, it is expected that the behavior of Babylon Junior-Senior High School athletes be such as to bring credit to our school and community. This behavior shall include the following:

- 1. Good Sportsmanship should be displayed with teammates, opponents, officials and spectators.**
- 2. Property should be respected, including personal items of others, athletic equipment, school buildings, buses, etc. Any act of thievery will result in immediate dismissal from the team.**

- Athletes are responsible for their uniforms. No student will be given an athletic award, issued a uniform for another sport, or be added to the final roster of another sport until his/her equipment has been returned or paid for.

The breaking of any of the above rules, or any conduct detrimental to the athlete, his or her teammates, or the school, will result in, but is not limited to, immediate suspension from squad.

Be aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Please understand that the dangers and risks of playing include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all body joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, general health and well-being.

Understand that the dangers and risks of playing or practicing to play/participate in the sport may result not only in serious injury, but in a serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Because of the dangers of participation in sports, the athlete must recognize the importance of following the coaches' instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions.

Babylon Junior-Senior High School athletes are covered by an Excess Policy through Commercial Travelers. This means the carrier is secondary to all other coverage in effect. In a case where there is no underlying coverage the policy becomes primary.

Policies which are issued on an Excess basis are secondary payers to any and all types of coverage including those which are provided through a Health Maintenance Organization (HMO).

As a general rule, if there is any type of underlying coverage and the claimant does not attempt to utilize or follow the guidelines of the HMO or underlying coverage. Commercial Travelers will deny the claim. In other words, each claimant must comply with the provisions set forth in primary carrier's plans including those of an HMO in order for the Excess Policy to consider the claim for payment.

I request your cooperation in ensuring that your son's/daughter's athletic career at Babylon will be a satisfying and rewarding experience.

Michael De Joseph
Director of Athletics

STUDENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

Babylon Junior Senior High School
Sportsmanship Coaches-Student/Athletes-Fans-Parents

Every contest played in Suffolk County is rated by coaches and officials for sportsmanship. Ratings are collected after each game and sent to Section XI. Results are then tabulated for each team relative to other teams in their league. Additionally, each school gets a post-season general rating. Coaches, student-athletes, and parents must recognize that their conduct plays an important role in establishing the reputation of their school and that their positive actions can relate directly to the success of their teams. Visiting team members, students, and adult spectators are guests to be accorded all the courtesy and consideration that a friendly, well-mannered, and well-intentioned host would normally give. The visitors, in turn, are to act as invited guests, using the home school's facilities with care by respecting the rules and customs of the home school.

Parent/Coach Communication-

Both parenting and coaching are extremely difficult work. By establishing an understanding of each role, we are better able to accept the actions of the other and provide greater benefits to athletes. As parents, when children become involved in the program, you have the right to understand what expectations are placed on your child. This begins with clear communication from the coach regarding your child's program.

Communication you should expect from you child's coach:

Philosophy of the coach; expectations the coach has for your child as well as all players on the squad; locations and times of all practices and contests; team requirements, rules, special equipment, off season programs; procedure, should your child be injured during participation; disciplinary action if needed.

Communication coaches expect from parents:

Concerns expressed directly to the coach; notification of any schedule conflicts well in advance; specific concern in regard to a coach's philosophy.

Appropriate concerns to discuss with coaches:

The treatment of your child, mentally and physically; ways to improve your child; concerns about your child's behavior.

Issues not appropriate to discuss with coaches:

Playing time; team strategy; play calling; other student-athletes.

Procedures for discussing a concern with a coach:

Schedule an appointment with the coach- do not expect to discuss concerns during practice times or prior to, during or directly after contests; if the concern is not resolved, contact the Athletic Director to arrange a conference- meetings will be arranged with the coach, parent and Athletic Director; If the concern continues to be unresolved, contact the Assistant Superintendent followed by the Superintendent if the issue is ongoing.

Student Signature: _____

Parent Signature: _____

BABYLON JUNIOR-SENIOR HIGH SCHOOL

Athletic Code of Conduct-Alcohol/Drug intervention Guidelines

To ensure uniformity and consistency in implementing Babylon High School's Athletic Code of Conduct, the following guidelines have been established to deal with student athletes who violate the prohibition against the use of alcohol/drugs.

1. Coaches are expected to be aggressively active in Babylon High School's alcohol/drug education and prevention program. Coaches are to inform student athletes of this policy by holding a special team orientation session for this purpose.
2. A due-process hearing is required to determine if a student athlete has indulged in alcohol/drugs, in or out of school during a sports season.
3. The athletic review committee will investigate the circumstances and render a decision. The committee will consist of the athletic director, two coaches not directly involved with the athlete(s) and/or team(s), the school social worker and a teacher/club advisor.
4. After it is determined through the due process hearing that a student athlete has violated the alcohol/drug prohibition, for the first offense the committee will consider consequences which may include a temporary team suspension, counseling intervention, and/or a community service component.
5. A second alcohol/drug offense may require a team suspension and /or a community service component along with required notification to the guidance counselor who will arrange an appropriate intervention plan. (I.e. outside referral and regular counseling sessions.)
6. If a suspension from the team is invoked, the athletic review committee will define the duration and nature of the suspension.
7. A third offense will result in ineligibility from participation in athletics for a period of time to be considered by the review committee along with required intervention services as stated above.
8. Note that the above athletic sanctions do not preclude further school disciplinary action especially if the infraction involves a school-related event or activity.
9. The Athletic Directors office will maintain a record of those who are identified as violators of the alcohol/drug prohibition.

Student Signature: _____

Parent Signature: _____

**Babylon Junior-Senior High School
Extracurricular Eligibility/Intervention Policy**

Philosophy-

Babylon Jr.-Sr. High School Students are expected to demonstrate self-discipline and maintain satisfactory effort and achievement in their academic classes. Extracurricular activities are an integral part of school life and serve as a means of developing wholesome attitudes and good human relations, knowledge, and skills. Participation in these activities is a privilege and students must be mindful that academic responsibilities and obligations have priority over extracurricular activities.

Academic Probation-

Progress Reports- student is identified as "currently failing the course" by two or more teachers.

Report Cards- students who failed two or more subjects.

Responsibilities-

Student- complete weekly progress report; attend at least two extra help sessions per week; attend classes and do all homework assignments.

Parent- review and discuss weekly progress reports with child; review and sign weekly progress reports; encourage student to work hard and improve academically

Coach/Advisor- review and sign weekly progress reports; encourage student to work hard, study and attend required extra help sessions; communicate with teachers regarding student progress.

Weekly Progress Report- What does it contain?

Comments, present grades, and signatures from each teacher; include PE, Resource Room ,and all subject areas; clearly marked extra help sessions; parent, coach/advisor signature.

Procedure for Weekly Progress Reports-

Pick up weekly progress report form Wednesday or Thursday in the counseling center; have weekly progress report completed by the following Thursday afternoon; bring to coach/advisor for signature and review; bring hoe on Thursday for parent signature; return to Assistant Principal's office on Friday.

Criteria for Eligibility to Participate in Extracurricular Activity-

Demonstrate effort and improvement; complete weekly progress report; attend extra help sessions; adhere to attendance policy.

Student Signature: _____

Parent Signature: _____

BABYLON PUBLIC SCHOOLS
SCHOOL HARASSMENT PROCEDURES

In keeping with the spirit and the intent of federal and state law, Babylon Public Schools strives to provide a comfortable learning environment. We are committed to a school that is free of discrimination and harassment based on race, color, religion, age, sex, national origin, or any other protected status. Offensive or harassing behavior will not be tolerated against any student. This policy will extend to all Babylon Schools employees, or anyone else who enters our schools. In addition, all faculty and staff of the Babylon Schools are responsible for taking proper action to end such behavior when it exists.

Offensive conduct or harassment of a sexual nature, or based on race, color, religion, age, sex, national origin, disability, or any protected status is prohibited. This includes, but is not limited to:

- ❖ **PHYSICAL ACTIONS WRITTEN OR SPOKEN LANGUAGE (SUGGESTIVE OR LEWD REMARKS), AND GRAPHIC COMMUNICATIONS;**
- ❖ **ANY TYPE OF PHYSICAL CONTACT WHEN THE ACTIONS IS UNWELCOME OR UNWANTED BY THE RECIPIENT;**
- ❖ **EXPECTATIONS, REQUESTS, DEMANDS OR PRESSURE FOR SEXUAL FAVORS;**
- ❖ **DEROGATORY SLURS, JOKES, PORNOGRAPHIC POSTERS, CARTOONS, DRAWINGS, AND GESTURES.**

Any such offensive conduct will be considered a prohibited form of harassment when any or all of the following are true:

- ❖ **THERE IS A PROMISE OR IMPLIED PROMISE OF PREFERENTIAL TREATMENT OR NEGATIVE CONSEQUENCES OF ANY TYPE;**
- ❖ **SUCH CONDUCT HAS THE EFFECT OF CREATING AN INTIMIDATING, HOSTILE, OR OFFENSIVE WORK/LEARNING ENVIRONMENT, OR UNREASONABLY INTERFERES WITH A PERSON'S WORK/SCHOOL PERFORMANCE;**
- ❖ **A THIRD PARTY IS OFFENDED BY THE SEXUAL CONDUCT OR COMMUNICATIONS OF OTHERS.**

Harassment is considered a form of discrimination that violates Title VII of the Civil Rights Act of 1964. Anyone found to be in violation of the aforementioned policy will be subject to strict disciplinary action, including but not limited to, suspension from school and a Superintendent's Hearing.

Complaint Procedure

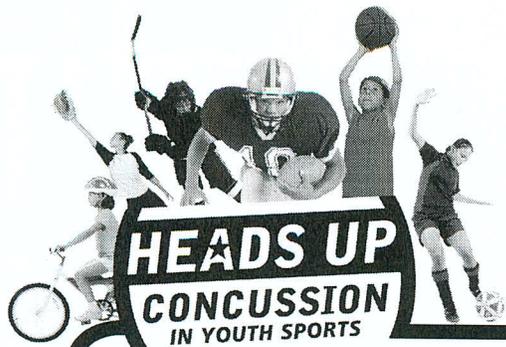
- ❖ **Anyone who believes he or she is being discriminated against or harassed in any way or who witnesses such actions against others should report it immediately to a guidance counselor, teacher, administrator, or school social worker.**
- ❖ **All complaints will remain as confidential as possible.**
- ❖ **Each complaint will be evaluated on its own merit and appropriate action taken.**
- ❖ **Filing a false report is considered an abuse of this school policy, and will be treated as a violation.**

IT IS YOUR RIGHT TO ATTEND SCHOOL IN AN ENVIRONMENT FREE FROM SEXUAL HARASSMENT OR ANY OTHER TYPE OF DISCRIMINATION.

PARENT SIGNATURE: _____

STUDENT SIGNATURE: _____

DATE: _____



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

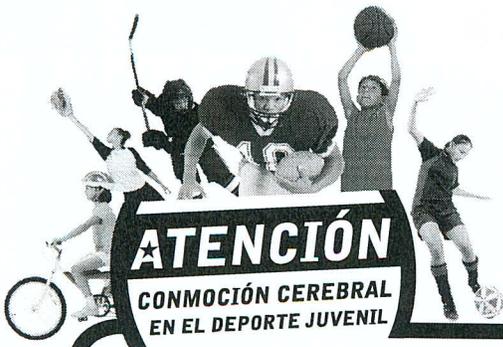
Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



Hoja Informativa para los PADRES

¿QUÉ ES LA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

Signos que notan los padres y los tutores

Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:

- Luce aturrido o fuera de control
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o un caída
- No puede recordar lo ocurrido después de un lanzamiento o un caída

Síntomas que reporta el atleta

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturrido o grogui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

- Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.
- Haga que su hijo use el equipo protector adecuado según la actividad que realiza. El equipo de protección debe ajustarse bien, debe hacerse el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.

¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

- 1. Busque atención médica de inmediato.** Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
- 2. No permita que su hijo siga jugando.** Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido—mientras el cerebro está en proceso de curación—corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
- 3. Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente.** Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

Es preferible perderse un juego que toda la temporada.

Para obtener más información, visite www.cdc.gov/ConcussionInYouthSports.

- Athletes will not initiate contact with another player with their head or to the head of another player.
- Athletes are instructed to play with their head up and be totally aware of what is going on around them.

Protocol for Return to School

- Inform the school nurse, coach, athletic trainer, guidance counselor and teachers about your child's injury and symptoms. Bring doctor's note with the diagnosis to the nurse.
- If your child is still having symptoms of concussion he/she may need extra help to perform school-related activities. As your child's symptoms decrease during recovery, the extra help or supports can be removed gradually.
- Bring updated medical notes to the school nurse after doctor visits.

Protocol for Return to Activity/Interscholastic Sports

- No student will be permitted to return to play if they are still having symptoms.
- No student may begin the gradual Return To Play Progression (RTTP) without clearance from a medical professional (doctor's note) **and** clearance by the Chief Medical Officer.
- The Return to Play Protocol is comprised of several levels that the athlete must successfully complete. Each successfully completed level will be tested on a daily basis and the athlete is progressed to the next level the following day. If symptoms return the athlete will stop the protocol, wait until symptoms subside and return to the previous level. The Return To Play Progression steps are as follows:
 - Level I – Low impact aerobic activities
 - Level II – Moderate aerobic activity fundamental to the specific sport
 - Level III – Sub-maximal aerobic activity fundamental to the specific sport
 - Level IV – Begin non-contact skill drills specific to the sport
 - Level V – Full contact in a practice setting
 - Level VI – Return to game situation

Concussion Questionnaire

1. Have you ever had a concussion or had any of the following symptoms as a result of a head injury (please check all that apply):

- headache/head pressure
- nausea/vomiting
- balance problems/dizziness
- double or blurry vision
- bothered by light
- bothered by noise
- feeling sluggish, hazy, foggy or groggy
- difficulty paying attention
- memory problems
- confusion
- does not "feel right"

2. How long were you out of your activity? _____

3. How many concussions/head injuries have you had? _____

4. Have you ever lost consciousness as a result of a head injury? Y N
If yes, how long? _____

5. Date(s) of concussion _____

6. Date(s) of medical clearance _____

I hereby acknowledge receipt of the Center for Disease Control's 'Heads Up Concussion in Youth Sports Concussion Sheet for Parents' and verify that I have read and understand such information.

Additional information may be obtained on the school website www.babylonschools.org under the 'Athletics' link.

Parent _____ Date _____

Student _____ Date _____

PREPARTICIPATION/INTERVAL ATHLETIC HEALTH HISTORY – Two Page Form

School Name: _____

Student Name: _____ DOB: ____/____/____

Grade (check): 7 8 9 10 11 12

Sport: _____ Level (check): Varsity JV Frosh Jr. High

Date of last health exam: ____/____/____ Limitations: Yes No Date form completed ____/____/____

Health History To Be Completed By Parent/Guardian

Answer questions below to indicate if your child has or has ever had the following and provide details to any yes answer on back:

Question	YES	NO
Has a doctor or nurse practitioner (a health care provider) ever restricted his/her participation in sports for any reason?		
Does s/he have an ongoing medical condition? Please check below: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other <input type="checkbox"/> Sickle Cell trait or disease		
Has s/he ever had surgery?		
Has s/he ever spent the night in a hospital?		
Does s/he have a life threatening allergy? Please check below: <input type="checkbox"/> Medication <input type="checkbox"/> Food <input type="checkbox"/> Insect bites <input type="checkbox"/> Pollen <input type="checkbox"/> Latex <input type="checkbox"/> Other		
Does s/he carry an Epi-pen (epinephrine)?		
Has s/he ever passed out during or after exercise?		
Has s/he ever complained of light headedness or dizziness during or after exercise?		
Has s/he ever complained of chest pain, tightness or pressure during or after exercise?		
Has s/he ever complained of fluttering in their chest, skipped beats, or their heart racing, or does s/he have a pacemaker?		
Has a health care provider ever ordered a test for his/her heart? (ex. EKG, echocardiogram, stress test)		
Has s/he been told s/he has a heart condition or problem?		
Has s/he ever had high or low blood pressure?		
Has s/he ever complained of getting more tired or short of breath than his/her friends during exercise?		
Does s/he wheeze or cough frequently during or after exercise?		
Has a health care provider ever said s/he has asthma?		
Does s/he use or carry an inhaler or nebulizer?		
Has s/he ever become ill while exercising in hot weather?		
Is s/he on a special diet or have to avoid certain foods?		
Does s/he worry about their weight?		

Question	YES	NO
Does s/he have stomach problems?		
Has s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had a concussion?		
Does s/he ever have headaches with exercise?		
Has s/he ever had a seizure?		
Is s/he currently being treated for a seizure disorder or epilepsy?		
Has s/he ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?		
Has s/he ever an injury, pain, or swelling of joint that caused him/her to miss practice or a game?		
Does s/he use a brace, orthotic or other device?		
Does s/he have any problems with his/her hearing or wear hearing aides?		
Does s/he have any problems with his/her vision or have vision in one eye only?		
Does s/he wear glasses or contacts?		
Has s/he ever had a hernia?		
Does s/he have only 1 functioning kidney?		
Does s/he have a bleeding disorder?		
Females Only	YES	NO
Has she had her period? At what age did it begin?		
How often does she get her period?		
Date of last menstrual period _____		
Males Only	YES	NO
Does he have only one testicle?		
Family History	YES	NO
Has any relative been diagnosed with a heart condition or developed hypertrophic cardiomyopathy, Marfan Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
Has any relative died suddenly before the age of 50 from unknown or heart related cause?		

