



# TREASURE VALLEY

## CLASSICAL ACADEMY

### INTERIM QUESTIONNAIRE FORM

Every student must complete a medical history questionnaire and a physical examination prior to his/her first practice in a middle-school (grades 6-8) athletic program in the State of Idaho. The examination is at the expense of the student and may not be taken prior to May 1 for the following year's activities. This examination is to be performed by a licensed physician, physician's assistant, or nurse practitioner under optimal conditions. Students who complete this examination will be required to submit interim medical history forms during subsequent middle-school years.

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Student Name

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Date of Birth

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Address

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Age

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Phone

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Grade

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Sports

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Sex (circle): M / F

### Medical History

SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Check if 'Yes':

- ☐ Had surgery?
- ☐ Been hospitalized?
- ☐ Been under a physician's care?
- ☐ Had serious illness?
- ☐ Had an injury requiring physician's care?
- ☐ Been rendered unconscious?
- ☐ Been diagnosed with a with a concussion?
- ☐ Started taking any new medications?
- ☐ Developed any new drug allergies?
- ☐ Developed any health problems?

Explain any 'Yes' answers:

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# INTERIM QUESTIONNAIRE FORM

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## Consent

(Parent or guardian and student permission and approval)

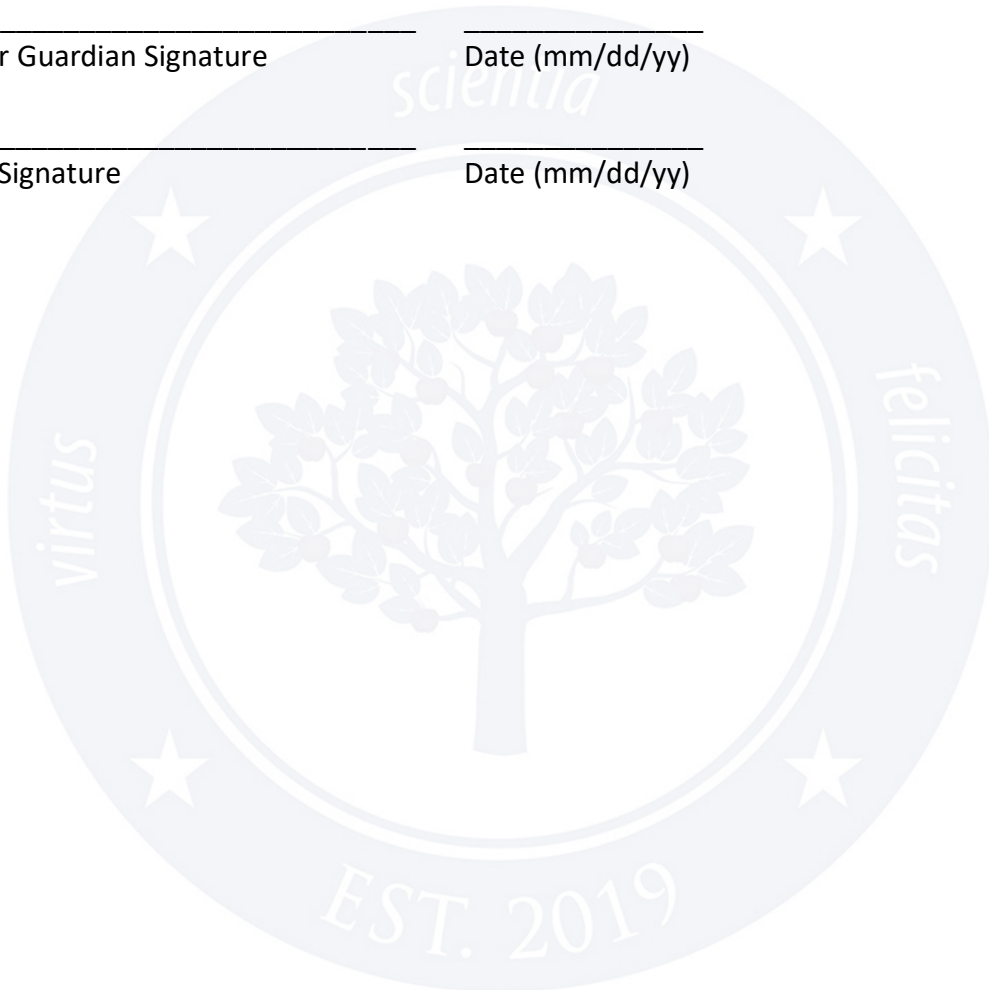
I hereby consent to the above-named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above-named student.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (mm/dd/yy)



***A Classical Education for Modern Times***

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