

MINOR ATHLETE HEALTH QUESTIONNAIRE

FOR THE PURPOSE OF OBTAINING AND RENEWING A LICENCE OF A SPORTS FEDERATION
OR REGISTRATION IN A SPORTS COMPETITION AUTHORIZED BY A FEDERATION DELEGATED OR ORGANIZED BY AN
APPROVED FEDERATION, EXCLUDING DISCIPLINES WITH SPECIAL CONSTRAINTS
(ANNEX II-23, Art. A. 231-3 of the Sport Code)

Warning to parents or person with parental authority

It is preferable that this questionnaire is completed by your child, it is up to you to estimate at what age he is able to do so. It is your responsibility to ensure that the questionnaire is completed correctly and to follow the instructions based on the answers given.

DO NOT GIVE CLUB – CONFIDENTIAL DOCUMENT TO KEEP

Doing sports is recommended for everyone. Have you talked to a doctor? Did he examine you (e) to advise you? This questionnaire is not a control. You say YES or NO, but there are no right or wrong answers. You can look at your health book and ask your parents for help.

You are a girl <input type="checkbox"/>	a boy <input type="checkbox"/>	<input type="checkbox"/>	Your age:	year-old
Since last year			YES	NON
Did you go (e) to the hospital for an entire day or several days?			<input type="checkbox"/>	<input type="checkbox"/>
As-tu été opéré (e) ?			<input type="checkbox"/>	<input type="checkbox"/>
Have you grown much bigger than the other years?			<input type="checkbox"/>	<input type="checkbox"/>
Did you lose a lot of weight or get fat?			<input type="checkbox"/>	<input type="checkbox"/>
Did you get dizzy during an effort?			<input type="checkbox"/>	<input type="checkbox"/>
Did you pass out or did you fall without remembering what happened?			<input type="checkbox"/>	<input type="checkbox"/>
Did you receive one or more violent shocks that forced you to interrupt a sports session for a while?			<input type="checkbox"/>	<input type="checkbox"/>
Did you have a lot of difficulty breathing during an effort compared to usual?			<input type="checkbox"/>	<input type="checkbox"/>
Did you have a lot of trouble breathing after an effort?			<input type="checkbox"/>	<input type="checkbox"/>
Did you have a sore chest or palpitations (your heart is beating very fast)?			<input type="checkbox"/>	<input type="checkbox"/>
Have you started taking a new medication every day for a long time?			<input type="checkbox"/>	<input type="checkbox"/>
Did you stop sports because of a health problem for a month or more?			<input type="checkbox"/>	<input type="checkbox"/>
For some time (more than 2 weeks)				
Do you feel very tired?			<input type="checkbox"/>	<input type="checkbox"/>
Do you have trouble falling asleep or do you wake up often in the night?			<input type="checkbox"/>	<input type="checkbox"/>
Do you feel less hungry? That you eat less?			<input type="checkbox"/>	<input type="checkbox"/>
Do you feel sad or worried?			<input type="checkbox"/>	<input type="checkbox"/>
Do you cry more often?			<input type="checkbox"/>	<input type="checkbox"/>
Do you feel any pain or lack of strength from an injury you sustained this year?			<input type="checkbox"/>	<input type="checkbox"/>
Today				
Do you ever think about quitting sports or changing sports?			<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need to see your doctor to continue the sport?			<input type="checkbox"/>	<input type="checkbox"/>
Do you want to report anything more concerning your health?			<input type="checkbox"/>	<input type="checkbox"/>
Questions to be completed by your parents				
Has anyone in your immediate family had a serious heart or brain disease or died suddenly before the age of 50?			<input type="checkbox"/>	<input type="checkbox"/>
Are you worried about his weight? Do you think he feeds too much or not enough?			<input type="checkbox"/>	<input type="checkbox"/>
Did you miss your child's medical exam at the doctor's office? (This medical examination is planned at the age of 2 years, 3 years, 4 years, 5 years, between 8 and 9 years, between 11 and 13 years and between 15 and 16 years.)			<input type="checkbox"/>	<input type="checkbox"/>
If you answered YES to one or more questions, you must consult a doctor to examine you and see with you which sport suits you. At the time of the visit, give him this completed questionnaire.				

If you answered no everywhere, have your parents fill out [the health certificate. He'll give that attestation to your club! This questionnaire is to keep at home.](#)