



On your medical form, you listed a history of orthopedic and/or athletic type injuries. We ask a series of questions of any student who has a past injury because we can accommodate many injuries when we have the proper information. Please complete the questionnaire below and return it to BFS as soon as possible.

Student Name:		_Date of Birth:	
Injury:		Date:	
Injury:How was the injury treated?			
Did the student have surgery? Yes	□ No □ If yes,	when, and with what	result:
Did the student have physical therapy?	Yes No D	If yes, for how long a	and when:
Does the student still have pain as a resulf yes, what causes the pain and for how			
Does the student still have loss of function If yes, describe the disability, being speci			
	nconsistent	improving	_
Since this injury, has the student played sintervals? <i>Be specific.</i>	•	· · · · · · · · · · · · · · · · · · ·	d for regular
Is the student currently taking any medic If yes, please complete the Medic			
Do you anticipate the student being limited demanding program? Yes No If yes, for what activities, and for how longer than the student being limited at the student being limited.			
If the injury or surgery occurred recently the treating physician acknowledge that damage or harm – have him/her review the Assumption of Risks & Release and Incitation for this fact.	participation in a ne activities on p	n BFS program will no age 2 of the <i>Acknowl</i>	ot cause further ledgment and
Please duplicate and/or attach addition	onal sheets as ne	eeded. # sheets attach	ed:
Parent/guardian: please initial when this addendum is complete:			