

THIS SECTION IS TO BE FILLED OUT BY PARENT

Have you had or do you not have neck injury

4. Impaired vision in either eye			
5. Chest pain with exertion or unexplained shortness of breath			
6. Hearing loss			
7. (Boys) Loss of function of testicle			
8. (Girls) Is there a problem with irregular menstrual periods?			
9. Bone fracture			
10. Joint dislocation			
11. Orthopedic or sports injury			

15. Heart trouble or murmur			
16. High blood pressure			

