

2022 Appreciation for Industry Mutton Bustin' Medical Questionnaire

This questionnaire must be completed for each participant in a JNP Productions LLC event. In addition, participants requiring medical attention 15 days prior to the event must provide a doctor's release at check-in. Participants will not be allowed to participate if either of these requirements are not met. **JNP Productions LLC has the right to deny participation to anyone, who due to a medical condition, is deemed unfit to participate at time of event. Approval not to be unreasonably withheld.**

This Questionnaire must be completed at the time of registration along with a copy of participant's birth certificate & participant release form.

If any of the answers to these questions are yes, please explain the problem or complications. Also, please list any of the medications that are related to the problem.

Questions	Yes or No	Explanation if answered Yes
1. Have you ever been told you have any heart problems?	Y or N	Medications taken: Any limitations:
2. Do you have a history of seizures?	Y or N	Are you on Medication? Y or N If yes, what type? When was your last seizure? Do you know what triggers your seizures?
3. Do you have breathing problems?	Y or N	What causes problems? Do you have asthma? Y or N Do you use an inhaler? Y or N You must have inhaler on you at time of participation
4. Have you had any surgery?	Y or N	When? What kind? If recent, do you have a doctor's release? Y or N
5. Have you had any broken bones?	Y or N	When? Circle one for the months since the break 0-6 6-12 12-18 18-24 24-30 30+ Where was the break? If recent, do you have a doctor's release? Y or N
6. Have you had a concussion or any type of head injury?	Y or N	When? If recent, do you have a doctor's release? Y or N
7. Have you been ill within the past two weeks?	Y or N	Have you been treated by a physician for your illness? Y or N Have you missed any school in the last two weeks due to your illness? Y or N Has your physician cleared you from your illness without limitations? Y or N
8. Have you had any fever in the last two weeks?	Y or N	When was the last day that you had a fever?

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Participant Name (print) _____ (date) _____
Parent/Guardian (print) _____ (sign) _____

-----Committee will Complete Question below with you upon Arrival at time of competition-----

Is all information still current and correct: Yes or No
Is participant currently on any type of medication, prescribed or over the counter? Yes or No
If yes, then what type of medication? _____
Parent/Guardian Signature _____ Date _____