



2020 Medical Questionnaire

This questionnaire must be completed for each participant in a San Antonio Stock Show & Rodeo event. In addition, participants requiring medical attention 30 days prior to their event date must provide a doctor's release at check-in. Participants will not be allowed to participate if either of these requirements is not met. **SALE Medical Committee 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.**

Please select event:

- Calf Scramble: Questionnaire must be completed and returned to the Livestock Department by November 1, 2019.
- Mutton Bustin: Questionnaire must be completed and returned by December 31, 2019 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 you should list any of the medications that are related to the problem.

Questions	Y or N	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 ever 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

Participant Name (print) _____ (sign) _____

Day/Date/Time of Event (print) _____

Parent Or Guardian (print) _____ (sign) _____

CEA/AST *Calf Scramble Only* (print) _____ (sign) _____

-----**Complete upon Arrival at time of competition**-----

Is all information still current and correct: Y or N

Is participant currently on any type of medication, prescribed or over the counter? Y or N

If yes, then what type of medication? _____

Parent/Guardian Signature _____