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ADDENDUM TO MEDICAL HISTORY QUESTIONS

| | Yes | No |
|---|-----|----|
| 1. Have you had Covid-19 within the past 6 month? Mild Moderate Severe | | |
| 2. Have you had any injuries since your last physical? | | |
| 3. Have there been any NEW diagnoses since your last physical? | | |
| 4. Any NEW conditions that would impact participation in sports since your last physical? | | |
| 5. Do you need to have any prescribed medication available for sports participation (asthma inhaler, EpiPen, Auvi Q, etc) | | |
| 6. Have you started on any NEW medications since your last physical? | | |
| 7. Are there any NEW allergies? | | |

If answering "Yes" to any of the above questions please specify below

Patient Name: _____ DOB: _____

Name of parent/guardian for phone authorization: _____

Signature of Parent/Guardian/Staff Member _____ Date: _____