

QUESTIONNAIRE CONCERNING THE STATE OF HEALTH OF THE MINOR SPORTSMAN WITH A VIEW TO OBTAINING, RENEWING A LICENSE FROM A SPORTS FEDERATION OR REGISTRATION FOR A SPORTS COMPETITION AUTHORIZED BY A FEDERATION DELEGATED OR ORGANIZED BY AN APPROVED FEDERATION, OUTSIDE THE DISCIPLINES OF SPECIAL CONSTRAINTS

ANNEX II-23 (Art. A. 231-3)

Decree of 7 May 2021 fixing the content of the questionnaire relating to the health status of the minor sportsman

<https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000043486824>

Warning to parents or person with parental authority : it is preferable that this questionnaire be completed by your child, it is up to you to estimate at what age he is able to.

It is your responsibility to ensure that the questionnaire is properly completed and to follow the instructions based on the answers given.

Playing sports : it is recommended for everyone. Have you talked to a doctor about it? Has he examined you to advise you? This questionnaire is not a check. You answer YES or NO, but there are no right or wrong answers. You can look at your health record and ask your parents to help you.

You are a girl	a boy	Your age: ____ years	
Since last year		YES	NO
Have you been in hospital for a whole day or several days?			
Have you had surgery?			
Have you grown up much bigger than in previous years?			
Have you lost a lot of weight or gained much weight?			
Did you feel dizzy during an effort?			
Did you faint or fell down with no memory of what happened?			
Did you receive one or more violent shocks that forced you to interrupt a moment a sports session?			
Have you had a lot of trouble breathing <u>during</u> an effort compared to usual?			
Have you had a lot of trouble breathing <u>after</u> an effort?			
Have you had chest pain or palpitations (heart beating very fast)?			
Have you started taking a new medication every day for a long time?			
Did you stop sports because of a health problem for a month or more?			

For some time (more than 2 weeks)	YES	NO
Do you feel very tired?		
Do you have trouble falling asleep or do you wake up often in the night?		
Do you feel less hungry? That you eat less?		
Do you feel sad or worried?		
Do you cry more often?		
Do you feel pain or lack of strength due to an injury you have made to yourself this year?		
Today	YES	NO
Do you ever think about quitting sports or changing of sport?		
Do you think you need to see your doctor to continue the sport?		
Do you want to report anything more concerning your health?		
Questions to be completed by your parents	YES	NO
Has anyone in your immediate family had a serious heart or brain disease, or did he die suddenly before he was 50?		
Are you worried about his weight? Do you think he eats too much or not enough?		
Did you miss the health examination scheduled for your child's age at the doctor's? (This medical examination is scheduled at the age of 2 years, 3 years, 4 years, 5 years, between 8 and 9 years, between 11 and 13 years and between 15 and 16 years).		

If you answered YES to one or more questions, you must consult a doctor to examine you and see with you which sport suits you. At the time of the visit, give him this completed questionnaire.