

<p>Hospitalization: YES NO</p> <p>If yes: Date: _____</p> <p>If yes, explain: _____</p> <p>_____</p> <p>Have you had any illness or injuries within the last 2 months? YES NO</p> <p>If yes, explain: _____</p> <p>_____</p> <p>Parent/Guardian Signature:</p> <p>_____</p> <p>Date: _____</p>	
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PLEASE EXPLAIN ALL "YES" ANSWERS