PRE-BOUT MEDICAL QUESTIONNAIRE FOR FEMALE CANDIDATE

1	Questions for coach:	Name:		
		:	(please print)	
	you noticed any changes in your Arn	isaaor regaraing the Jollowin	g?	
1) Attention or concentration			yes ()	no ()
2) Memory			yes ()	no ()
3) Speech			yes ()	no ()
	havior		yes ()	no ()
5) Spa	arring (quickness)		yes ()	no ()
		Coach signature:		
2	Questions for Arnisador:	Name:		
			(please print)	
Have	you had any of the following sympto	ms lately?		
1) Headaches			yes ()	no ()
2) Dizziness			yes ()	no ()
3) Nausea or vomiting			yes ()	no ()
4) Double or blurry vision			yes ()	no ()
5) Do you have body piercing?			yes ()	no ()
6) Are you pregnant?			yes ()	no ()
7) Did you do a pregnancy test?			yes ()	no ()
8) Have you noticed any menstrual abnormality recently such as an absent menses, irregular menses, abnormal vaginal bleeding with or without pain / tenderness not consistent with your norma cycle or pattern?9) What was the date of your last period/menses?			yes ()	no ()
10) A	re you on any methods of contracep	tion?		
-	f yes, what are you on?			
•	ave you noticed any breast mass, ble	eeding or other breast		
dysfunction?			yes ()	no ()
12)	Have you had breast augmentation	implants or tissue transfer?	yes ()	no ()
		Arnisador's signature:		
		fected with Hepatitis or HIV yand any question please info		t box
3	Doctor's name:(please print)	License #:		
	Signature:			