PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exa	am								
Name					Date of blrth				
Sex				ool _					
Medicine	es and Allergies: I	Please list all of the prescrip	otion and over	-the-co	unter m	edicines and supplements (herbal and nutritional) that you are currently	taking		
Do you ha	ave any allergles? cines	□ Yes □ No If ye □ Pollen		ntify sp	ecific all	ergy below. ☐ Food ☐ Stinging Insects			
Explain "Ye	es" answers below	v. Circle questions you don't	t know the an	swers t	0.				
GENERAL QUESTIONS				Yes	No	MEDICAL QUESTIONS	Yes	No	
Has a doctor ever denied or restricted your participation in sports for any reason?						26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
Do you have any ongoing medical conditions? If so, please identify below: □ Asthma □ Anemia □ Diabetes □ Infections					27. Have you ever used an inhaler or taken asthma medicine? 28. Is there anyone in your family who has asthma?		-		
Other:			<u> </u>		29. Were you born without or are you missing a kidney, an eye, a testicle	 	1		
Have you ever spent the night in the hospital?						(mates), your spleen, or any other organ?		1	
4. Have you ever had surgery?						30. Do you have groin pain or a painful bulge or hernia in the groin area?	ļ		
HEART HEALTH QUESTIONS ABOUT YOU				Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?	├ ──	 	
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?						32. Do you have any rashes, pressure sores, or other skin problems?			
6. Have y	ou ever had discomf	ort, pain, tightness, or pressure	în your			33. Have you had a herpes or MRSA skin infection? 34. Have you ever had a head injury or concussion?	 	1	
chest during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise?					35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?				
		hat you have any heart problem	is? If so,			36. Do you have a history of seizure disorder?		 	
P .	all that apply: gh blood pressure	☐ A heart murmur				37. Do you have headaches with exercise?	 	 	
□ Hig	gh cholesterol wasaki disease	A heart Infection Other:				38. Have you ever had numbness, lingling, or weakness in your arms or legs after being hit or falling?			
Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)					39. Have you ever been unable to move your arms or legs after being hit or falling?				
		eel more short of breath than ex	pected			40. Have you ever become ill while exercising in the heat?		†	
during	exercise?					41. Do you get frequent muscle cramps when exercising?			
· · · · · · · · · · · · · · · · · · ·	ou ever had an unexp					42. Do you or someone in your family have sickle cell trait or disease?			
	get more tired or shi exercise?	ort of breath more quickly than	your friends			43. Have you had any problems with your eyes or vision?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No	44. Have you had any eye Injuries?		<u> </u>		
		relative died of heart problems o				45. Do you wear glasses or contact lenses?	₩		
unexpe	ected or unexplained	sudden death before age 50 (in accident, or sudden Infant death	cluding			46. Do you wear protective eyewear, such as goggles or a face shield? 47. Do you worry about your weight?			
14. Does a	rivone in your family	have hypertrophic cardiomyopa right ventricular cardiomyopath	thy. Marfan			48. Are you trying to or has anyone recommended that you gain or lose weight? One weight?			
syndror	me, short OT syndror	ngat vertakusa cardionyopada ne, Brugada syndrome, or cated	y, rong u i :holaminergic			49. Are you on a special diet or do you avoid certain types of foods?		┼	
polymo	rphic ventricular laci	hycardia?				50. Have you ever had an ealing disorder?	 	 	
15. Does ar	nyone in your family ted defibrillator?	have a heart problem, pacemak	er, or			51. Do you have any concerns that you would like to discuss with a doctor?		 	
	·	ad unexplained fainting, unexpl	ained			FEMALES ONLY			
	s, or near drowning?					52. Have you ever had a menstrual period?			
	JOINT QUESTIONS			Yes	Но	53. How old were you when you had your first menstrual period?			
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?					54. How many periods have you had in the last 12 months? Explain "yes" answers here				
18. Have yo	ou ever had any brok	en or fractured bones or disloca	ated Joints?			Explore 100 dilatora note			
	ou ever had an Injury ns, therapy, a brace,	that required x-rays, MRI, CT s a cast, or crutches?	can,						
	ou ever had a stress								
		t you have or have you had an) tability? (Down syndrome or dw							
		e, orthotics, or other assistive de							
		, or joint injury that bothers you							
		e painful, swollen, feel warm, or							
		uvenile arthritis or connective ti							
						stions are complete and correct.			
Signature of at	Hete		Signature of	parent/g	uardian	Date			
@ 0040 4 ···		mits Observations American Aced							

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