

## 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 a chart.)

Name \_\_\_\_\_

Sport \_\_\_\_\_

DOB \_\_\_\_\_

Grade \_\_\_\_\_

**Medicines & Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal & nutritional) that you are currently taking.

\_\_\_\_\_

\_\_\_\_\_

Do you have allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please identify specific allergy below.

\_\_\_\_\_ Medicines \_\_\_\_\_ Pollens \_\_\_\_\_ Food \_\_\_\_\_ Stinging Insects

**Explain “Yes” answers below. Circle questions you don’t know the answers to.**

GENERAL QUESTIONS		YES	NO
1.	Has a doctor ever denied or restricted your participation in sports for any reason?		
2.	Do you have any ongoing medical conditions? If so, please circle below: Asthma      Anemia      Diabetes      Infections Other: _____		
3.	Have you ever spent the night in the hospital?		
4.	Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		YES	NO
5.	Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7.	Does your heart ever race or skip beats (irregular beats during exercise)?		
8.	Has a doctor ever told you that you have any heart problems? If so, circle all that apply: High Blood Pressure      Heart Murmur      Heart Infection High Cholesterol      Kawasaki Disease Other: _____		
9.	Have you ever had an unexplained seizure?		
10.	Do you get more tired or short of breath than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		YES	NO
11.	Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
12.	Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
13.	Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS		YES	NO
14.	Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
15.	Do you regularly use a brace, orthotics, or other assistive device?		
16.	Are your bones, muscles, joints healthy?		

MEDICAL QUESTIONS		YES	NO
17.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
18.	Have you ever used an inhaler or taken asthma medicine?		
19.	Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
20.	Do you have groin pain or a painful bulge or hernia in the groin area?		
21.	Have you had infectious mononucleosis (mono) within the last month?		
22.	Do you have any rashes, pressure sores, or other skin problems?		
23.	Have you ever had a head injury or concussion?		
24.	Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
25.	Do you have a history of seizure disorder?		
26.	Do you have headaches with exercise?		
27.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
28.	Have you ever become ill while exercising in the heat?		
29.	Do you or someone in your family have sickle cell trait or disease?		
30.	Do you worry about your weight?		
31.	Are you trying to or has anyone recommended that you gain or lose weight?		
32.	Have you ever had an eating disorder?		
33.	Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		YES	NO
34.	Have you ever had a menstrual period?		
35.	How old were you when you had your first menstrual period?		
36.	How many periods have you had in the last 12 months?		

**EXPLAIN “YES” ANSWERS HERE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of Athlete

Signature of Parent/Guardian

Date