

Preparticipation Physical Examination

History Form

Name of Athlete _____

Date of Birth _____

Grade _____

Sport _____

Explain "YES" answers below. Circle questions you do not know the answers to.

YES No

- 1. Has a doctor ever denied or restricted your participation in sports for any reason? YES No
- 2. Are you currently taking any prescription or over the counter medication? YES No
- 3. Do you have any allergies to medications, pollens, foods or stinging insects? YES No
- 4. Have you ever passed out or nearly passed out DURING exercise? YES No
- 5. Have you ever passed out or nearly passed out AFTER exercise? YES No
- 6. Does your heart race or skip beats during exercise? YES No
- 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? YES No
- 8. Has anyone in your family died for no apparent reason? YES No
- 9. Does anyone in your family have a heart problem? YES No
- 10. Has any family member or relative died of heart problems or of sudden death before the age of 50? YES No
- 11. Does anyone in your family have Marfan Syndrome? YES No

12. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis that caused you to miss a practice or game? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>																
13. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>																
14. Have you ever had a bone or joint that required x-rays, MRI, CT, surgery, injections, rehab, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>																
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%;">Head</td> <td style="width: 12.5%;">Neck</td> <td style="width: 12.5%;">Shoulder</td> <td style="width: 12.5%;">Upper arm</td> <td style="width: 12.5%;">Elbow</td> <td style="width: 12.5%;">Forearm</td> <td style="width: 12.5%;">Hand</td> <td style="width: 12.5%;">Fingers</td> </tr> <tr> <td>Chest</td> <td>Lower Back</td> <td>Thigh</td> <td>Knee</td> <td>Calf/Shin</td> <td>Ankle</td> <td>Foot/Toes</td> <td></td> </tr> </table>	Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand	Fingers	Chest	Lower Back	Thigh	Knee	Calf/Shin	Ankle	Foot/Toes			
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- 15. Have you ever had a stress fracture? YES No
- 16. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? YES No
- 17. Do you regularly use a brace or assistive device? YES No
- 18. Do you cough, wheeze or have difficulty breathing during or after exercise? YES No
- 19. Have you ever used an inhaler or taken asthma medication? YES No
- 20. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? YES No
- 21. Do you have any rashes, pressure sores, or other skin problems? YES No
- 22. Have you ever had a skin infection? YES No
- 23. Have you had a herpes skin infection? YES No

YES	NO

- 24. Have you ever had a head injury or a concussion?
- 25. Have you been hit in the head and been confused or lost your memory?
- 26. Have you ever had a seizure?
- 27. Do you have headaches with exercise?
- 28. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit in the legs?
- 29. Have you ever been unable to move your arms or legs after being hit or falling?
- 30. When exercising in the heat, do you have severe muscle cramps or become ill?
- 31. Have you had any problems with your eyes or vision?
- 32. Do you wear glasses or contact lenses?
- 33. Do you wear protective eyewear, such as goggles or a face shield?
- 34. Are you happy with your weight?
- 35. Are you trying to gain or lose weight?
- 36. Has anyone recommended you change your weight or eating habits?
- 37. Do you limit or carefully control what you eat?
- 38. Do you have any concerns that you would like to discuss with a doctor?

Explain "YES" answers here:

Signature of Athlete_____

Name of Parent/Guardian_____ (please print)

Signature of parent/guardian_____