■ 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.)

Name					Date of birth		
	Λαρ				Sport(s)		
DGV	Age	UI due			Ορυτίο,		
Medicine	s and Allergies:	Please list all of the prescription an	d over-the-co	unter m	nedicines and supplements (herbal and nutritional) that you are currently	taking	
,	ve any allergies?	☐ Yes ☐ No If yes, plea	se identify sp	ecific al	•		
☐ Medic	ines	□ Pollens			☐ Food ☐ Stinging Insects		
Explain "Ye	s" answers below	. Circle questions you don't know	the answers	to.			
GENERAL (QUESTIONS		Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a d any rea		restricted your participation in sports fo	or		26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
-		edical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthma medicine?		
below: Other:		nemia Diabetes Infections			28. Is there anyone in your family who has asthma?		<u> </u>
	ou ever spent the nig	ht in the hospital?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
	ou ever had surgery?				30. Do you have groin pain or a painful bulge or hernia in the groin area?		
HEART HEA	ALTH QUESTIONS A	BOUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		
		r nearly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?		
	exercise?				33. Have you had a herpes or MRSA skin infection?		
	ou ever had discomfo uring exercise?	ort, pain, tightness, or pressure in your			34. Have you ever had a head injury or concussion?		
		r skip beats (irregular beats) during exe	rcise?		35. Have you ever had a hit or blow to the head that caused confusion,		
		hat you have any heart problems? If so,			prolonged headache, or memory problems? 36. Do you have a history of seizure disorder?		-
	all that apply:	□ A boost murmur			37. Do you have headaches with exercise?		<u> </u>
☐ Hig	nh blood pressure nh cholesterol wasaki disease	☐ A heart murmur ☐ A heart infection Other:			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
9. Has a d		test for your heart? (For example, ECG/	EKG,		39. Have you ever been unable to move your arms or legs after being hit or falling?		
	,	eel more short of breath than expected			40. Have you ever become ill while exercising in the heat?		
	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?		<u> </u>
,	get more tired or sn exercise?	ort of breath more quickly than your frie	enas		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?		
13. Has any	y family member or r	elative died of heart problems or had ar	ı		45. Do you wear glasses or contact lenses? 46. Do you wear protective eyewear, such as goggles or a face shield?		-
		sudden death before age 50 (including accident, or sudden infant death syndro	me)2		47. Do you worry about your weight?		
	0, 1	have hypertrophic cardiomyopathy, Mar			48. Are you trying to or has anyone recommended that you gain or		
syndror	ne, arrhythmogenic	right ventricular cardiomyopathy, long Q	ıΤ		lose weight?		
	me, short QT syndror rphic ventricular tacl	ne, Brugada syndrome, or catecholamir nycardia?	iergic		49. Are you on a special diet or do you avoid certain types of foods?		
	•	have a heart problem, pacemaker, or			50. Have you ever had an eating disorder?		<u> </u>
	ted defibrillator?				51. Do you have any concerns that you would like to discuss with a doctor?		
		ad unexplained fainting, unexplained			FEMALES ONLY 52. Have you ever had a menstrual period?		
	s, or near drowning? JOINT QUESTIONS		Yes	No	53. How old were you when you had your first menstrual period?		
		to a bone, muscle, ligament, or tendon		110	54. How many periods have you had in the last 12 months?		
-	used you to miss a p				Explain "yes" answers here		
18. Have yo	ou ever had any brok	en or fractured bones or dislocated join	ts?				
	ou ever had an injury ns, therapy, a brace,	that required x-rays, MRI, CT scan,					
	ou ever had a stress				-		
		t you have or have you had an x-ray for	neck				
		tability? (Down syndrome or dwarfism)					
		e, orthotics, or other assistive device?					
		e, or joint injury that bothers you?	.10				
		e painful, swollen, feel warm, or look re uvenile arthritis or connective tissue dis					
	DEOVE ALLY DISTORY OF I	avenue arunnos di connective ussue dis	redate ()				