

PREPARTICIPATION EVALUATION

HISTORY FORM

NAME: _____ SPORT(S): _____

EXPLAIN "YES" ANSWERS BELOW. CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.

- 1. Has a doctor ever denied or restricted your participation in sports for any reason? Y N
- 2. Do you have an ongoing medical condition (like diabetes or asthma)? Y N
- 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? Y N
- 4. Do you have allergies to medicines, pollens, foods, or stinging insects? Y N
- 5. Have you ever passed out or nearly passed out DURING exercise? Y N
- 6. Have you ever passed out or nearly passed out AFTER exercise? Y N
- 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? Y N
- 8. Does your heart race or skip beats during exercise? Y N
- 9. Has a doctor ever told you that you have:
 - High Blood Pressure Y N
 - High Cholesterol Y N
 - A heart murmur Y N
 - A heart infection Y N
- 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) Y N
- 11. Has anyone in your family died for no apparent reason? Y N
- 12. Does anyone in your family have a heart problem? Y N
- 13. Has any family member or relative died of heart problems or of sudden death before age 50? Y N
- 14. Does anyone in your family have Marfan Syndrome? Y N
- 15. Have you ever spent the night in a hospital? Y N
- 16. Have you ever had surgery? Y N
- 17. Have you every had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? Y N

If Yes, explain: _____
- 18. Have you had any broken or fractured bones or dislocated joints? Y N

If Yes, explain: _____
- 19. Have you ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? Y N

If Yes, explain: _____
- 20. Have you ever had a stress fracture? Y N
- 21. Have you been told that you have or have had an x-ray for atlantoaxial (neck) instability? Y N
- 22. Do you regularly use a brace or assistive device? Y N

- 23. Has a doctor ever told you that you have asthma or allergies? Y N
- 24. Do you cough, wheeze or have difficulty breathing during or after exercise? Y N
- 25. Is there anyone in your family who has asthma? Y N
- 26. Have you ever used an inhaler or taken asthma medicine? Y N
- 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? Y N
- 28. Have you had infectious mononucleosis (mono) within the last month? Y N
- 29. Do you have rashes, pressure sores, or other skin problems? Y N
- 30. Have you ever had a herpes skin infection? Y N
- 31. Have you ever had a head injury or concussion? Y N
- 32. Have you been hit in the head and been confused or lost your memory? Y N
- 33. Have you ever had a seizure? Y N
- 34. Do you have headaches with exercise? Y N
- 35. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling? Y N
- 36. Have you ever been unable to move your arms or legs after being hit of falling? Y N
- 37. When exercising in the heat, do you have severe muscle cramps or become ill? Y N
- 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? Y N
- 39. Have you had any problems with your eyes or vision? Y N
- 40. Do you wear glasses or contact lenses? Y N
- 41. Do you wear protective eyewear, such as goggles or a face shield? Y N
- 42. Are you happy with your weight? Y N
- 43. Are you trying to gain or lose weight? Y N
- 44. Has anyone recommended you change your weight or eating habits? Y N
- 45. Do you limit or carefully control what you eat? Y N
- 46. Do you have any concerns that you would like to discuss with a doctor? Y N

FEMALES ONLY

- 47. Have you ever had a menstrual period? Y N
 - 48. How old were you when you had your first menstrual period? _____
 - 49. 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.

Name of Parent/Guardian: _____ Parent/Guardian Signature: _____

Name of Student-Athlete: _____ Student-Athlete Signature: _____

Questions taken from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, & American Osteopathic Academy of Sports Medicine 2004 PPE Form.

[Type text]

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