

## Pre-Participation Physical Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Please list all of the *prescription* and *over-the-counter medicines* and *supplements* that you are currently taking as well as any allergies.

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

General Questions	Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____		
Have you ever spent the night in the hospital?		
Have you ever had surgery?		
Personal Heart Health	Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?		
During exercise, does your heart ever race, skip beats or do you ever feel discomfort, pain tightness or pressure in your chest?		
Has a doctor ever told you that you have any heart problems? If yes, check all that apply: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> A heart murmur <input type="checkbox"/> Other: _____		
Has a doctor ever ordered a test on your heart?		
Do you get lightheaded or more short of breath than you expect during exercise?		
Family Heart Health	Y	N
Has any family member or relative died of heart problems or had an unexpected or sudden death before the age of 50?		
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome or irregular heartbeats?		
Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
Has anyone in your family had unexplained fainting, seizures, or near drowning?		
Bones and Joint Questions	Y	N
Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss practice or a game?		
Have you ever broken a bone, or dislocated a joint?		
Do you regularly uses a brace, orthotics, or other assistive device?		
Do you have a bone, joint or muscle that bothers you?		
Do you have any history of juvenile arthritis or connective tissue disease?		

Medical Questions	Y	N
Do you cough, wheeze, or have difficulty breathing during or after exercise?		
Have you ever used an inhaler or taken asthma medicine?		
Is there anyone in your family who has asthma or a history of asthma?		
Were you born without or are you missing any organ?		
Do you have groin pain or a painful bulge or hernia in the groin area?		
Do you have any rashes or other skin problems?		
Have you had a herpes or MRSA skin infection?		
Have you ever had a head injury or concussion?		
Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problem?		
Do you have a history of seizure disorder?		
Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling?		
Have you ever been unable to move your arms or legs after being hit or falling?		
Do you get frequent muscle cramps when exercising?		
Do you or someone in your family have sickle cell trait or disease?		
Have you had any problems with your eyes or vision?		
Have you had any eye injuries?		
Do you wear glasses or contacts?		
Do you wear any protective eyewear, such as glasses or a face shield?		
Do you worry about your weight?		
Are you trying to or has someone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods?		
Have you ever had an eating disorder?		
Do you have any concerns that you would like to discuss with the doctor?		
Questions for females <i>only</i>		
Have you ever had a menstrual period?		
How old were you when you had your first menstrual period?		
How many periods have you had in the last 12 months?		

Please explain yes answers:

\_\_\_\_\_

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

Signature of Patient: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_