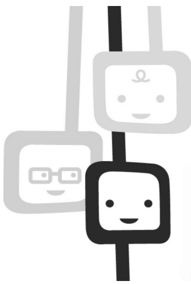

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Sport Preparticpation History Form

Name: ______________________________ **Sex:** ☐ **Male** ☐ **Female** **Age:** ________ **DOB:** __________

Grade: _______ **School:** ______________________ **Sport(s):** ______________________________

Please answer by checking either "yes" or "no". Explain "yes: answers in the blanks provided below.

1. Has a doctor ever denied or restricted your participation in sports for any reason? ☐ YES ☐ NO
2. Do you have an ongoing medical condition (like diabetes or asthma)? ☐ YES ☐ NO
3. Are you currently taking any prescription or nonprescription medicine, pills or performance enhancers? ☐ YES ☐ NO
4. Do you have any allergies to medicines, pollens, foods or stinging insects? ☐ YES ☐ NO

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5. Have you ever passed out or nearly passed out DURING or AFTER exercise? ☐ YES ☐ NO
6. Have you ever had discomfort, pain, or pressure in your chest during exercise? ☐ YES ☐ NO
7. Does your heart race or skip beat during exercise? ☐ YES ☐ NO
8. Has your doctor ever told you that you have: ☐ high blood pressure ☐ high cholesterol ☐ heart murmur
9. Has a doctor ever ordered a test for your heart (for example, ECG/EKG or echocardiogram)? ☐ YES ☐ NO
10. Has anyone in your family died suddenly and for no apparent reason? ☐ YES ☐ NO
11. Does anyone in your family have a heart problem? ☐ YES ☐ NO
12. Has any family member or relative died of heart disease or sudden death before age 50? ☐ YES ☐ NO
13. Does anyone in your family have Marfan syndrome? ☐ YES ☐ NO

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14. Have you ever spent the night in the hospital? ☐ YES ☐ NO
15. Have you ever had surgery? ☐ YES ☐ NO
16. Have you ever had an injury (sprain, muscle or ligament tear, tendonitis) that caused you to miss a practice or a game? ☐ YES ☐ NO
17. Have you ever had any broken/fractured/dislocated bones? ☐ YES ☐ NO
18. Have you ever had a bone or joint injury that required x-rays, CT scan, MRI, surgery, injections, rehabilitation, physical therapy, a brace, cast or crutches? ☐ YES ☐ NO
19. Have you ever had a stress fracture? ☐ YES ☐ NO
20. Have you ever been told that you have or have had an x-ray for atlantoaxial (neck) instability? ☐ YES ☐ NO
21. Do you regularly use a brace or assistive device? ☐ YES ☐ NO

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22. Has your doctor ever told you that you have asthma or allergies? ☐ YES ☐ NO
23. Do you cough, wheeze, or have difficulty breathing during or after exercise? ☐ YES ☐ NO
24. Is there anyone in your family that has asthma? ☐ YES ☐ NO
25. Have you ever used an inhaler or used asthma medicine? ☐ YES ☐ NO
26. Were you born without or are you missing a kidney, lung, eye, testicle or any other organ? ☐ YES ☐ NO
27. Have you had infectious mononucleosis ("mono") during the past month? ☐ YES ☐ NO
28. Do you have any rashes, pressure sores or other skin problems? ☐ YES ☐ NO
29. Have you had a herpes skin infection? ☐ YES ☐ NO

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30. Have you ever had a head injury or concussion? ☐ YES ☐ NO
31. Have you ever been hit in the head and been confused or lost your memory? ☐ YES ☐ NO
32. Have you ever had a seizure? ☐ YES ☐ NO
33. Do you have headaches with exercise? ☐ YES ☐ NO
34. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? ☐ YES ☐ NO
35. Have you ever been unable to move your arms or legs after being hit or falling? ☐ YES ☐ NO
36. When exercising in the heat, do you have severe muscle cramps or become ill? ☐ YES ☐ NO
37. Has a doctor told you or anyone in your family that you have sickle cell disease? ☐ YES ☐ NO

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38. Have you had any problems with your vision or hearing? ☐ YES ☐ NO
39. Do you wear contacts or glasses? ☐ YES ☐ NO
40. Do you wear protective eyewear, such as goggles or a face shield? ☐ YES ☐ NO
41. Are you happy with your weight? ☐ YES ☐ NO
42. Are you trying to lose or gain weight? ☐ YES ☐ NO
43. Has anyone recommended that you try to change your eating habits or weight? ☐ YES ☐ NO
44. Do you limit or carefully control what you eat? ☐ YES ☐ NO
45. Do you have any concerns that you would like to discuss with the doctor? ☐ YES ☐ NO

FEMALES ONLY:

46. Have you started menstruating? ☐ YES ☐ NO
47. How many periods have you had in the past 12 months? ☐ YES ☐ NO

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

______________________ ______________________ ______________

Signature of athlete **Signature of parent** **Date**