PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment

Name ______________________ Date of Birth __________ Sex

Date of Examination ______________________ Sport(s) ______________________

List past and current medical conditions:
Have you ever had surgery? If yes, list all past surgical procedures:
Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional):
Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects):

GENERAL QUESTIONS Explain "Yes" answers below. Circle questions you don't know the answers to	Yes	No
1 Do you have any concerns that you would like to discuss with your provider?		
2 Has a provider ever denied or restricted your participation in sports for any reason?		
3 Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4 Have you ever passed out or nearly passed out during or after exercise?		
5 Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6 Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7 Has a doctor ever told you that you have any heart problems?		
8 Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
9 Do you get light-headed or feel shorter of breath than your friends during exercise?		
10 Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11 Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12 Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly- morphic ventricular tachycardia (CPVT)?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
13 Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
14 Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15 Do you have a bone, muscle, ligament, or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16 Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17 Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18 Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19 Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20 Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21 Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22 Have you ever become ill while exercising in the heat?		
23 Do you or does someone in your family have sickle cell trait or disease?		
24 Have you ever had numbness or tingling in your arms, hands, legs or feet?		
25 Do you worry about your weight?		
26 Are you trying to or has anyone recommended that you gain or lose weight?		
27 Are you on a special diet or do you avoid certain types of foods or food groups?		
28 Have you ever had an eating disorder?		
FEMALES ONLY	**Yes**	**No**
29 Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 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.

Signature of athlete ______________________
Signature of parent/guardian ______________________
Date ______________________

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