Student's Nar	ne				Age	Grade	
		SE	CTION 5:	HEALTH HIS	STORY		
Explain "Yes" answers at the bottom of this form.							
Circle questions you don't know the answer							
92.3	-	Yes	No			Yes	No
	a doctor ever denied or restricted your			23.	Has a doctor ever told you that you have		
Do y	ation in sport(s) for any reason? ou have an ongoing medical condition			24.	asthma or allergies? Do you cough, wheeze, or have difficulty		
	hma or diabetes)? you currently taking any prescription or	100 may 100		25.	breathing DURING or AFTER exercise? Is there anyone in your family who has		
nonpres or pills?	scription (over-the-counter) medicines			26.	asthma? Have you ever used an inhaler or taken		
4. Do y	ou have allergies to medicines, foods, or stinging insects?			27.	asthma medicine? Were you born without or are your missing		
5. Have	you ever passed out or nearly			27.	a kidney, an eye, a testicle, or any other		
	out DURING exercise? you ever passed out or nearly			28.	organ? Have you had infectious mononucleosis		
	out AFTER exercise? you ever had discomfort, pain, or	100000000000000000000000000000000000000		29.	(mono) within the last month? Do you have any rashes, pressure sores,		_
pressu	re in your chest during exercise?			23.	or other skin problems?		
Does exercise	s your heart race or skip beats during			30.	Have you ever had a herpes skin infection?		
9. Has	a doctor ever told you that you have			COI	NCUSSION OR TRAUMATIC BRAIN INJURY		
`	all that apply):			31.	Have you ever had a concussion (i.e. bell		
High bloo		_	_		rung, ding, head rush) or traumatic brain injury?		ч
	lesterol Heart infection a doctor ever ordered a test for your			32.	Have you been hit in the head and been confused or lost your memory?		
heart? (for example ECG, echocardiogram)			33.	Do you experience dizziness and/or		
	anyone in your family died for no nt reason?			34.	headaches with exercise? Have you ever had a seizure?		
	anyone in your family have a heart			35.	Have you ever had a seizure: Have you ever had numbness, tingling, or		Ч
13. Has	any family member or relative been				weakness in your arms or legs after being hit or falling?		
	d from heart disease or died of heart as or sudden death before age 50?		Ц	36.	Have you ever been unable to move your		
	anyone in your family have Marfan			37.	arms or legs after being hit or falling? When exercising in the heat, do you have		
15. Have	you ever spent the night in a			38.	severe muscle cramps or become ill? Has a doctor told you that you or someone		ш
hospita 16. Have	? you ever had surgery?			00.	in your family has sickle cell trait or sickle cell		
	you ever had an injury, like a sprain,			39.	disease? Have you had any problems with your		
	or ligament tear, or tendonitis, which you to miss a Practice or Contest?				eyes or vision?	u	Ч '
	circle affected area below:			40.	Do you wear glasses or contact lenses?		
	you had any broken or fractured			41.	Do you wear protective eyewear, such as		
bones of below:	or dislocated joints? If yes, circle	Ч	u	42.	goggles or a face shield? Are you unhappy with your weight?		_
	you had a bone or joint injury that			43.	Are you trying to gain or lose weight?		
	x-rays, MRI, CT, surgery, injections,			44.	Has anyone recommended you change		
cast, or	ation, physical therapy, a brace, a crutches? If yes, circle below:			44.	your weight or eating habits?		
Head Neck	Shoulder Upper Elbow Forearm arm	Hand/ Fingers	Chest	45.	Do you limit or carefully control what you eat?		
Upper Lower back back		Ankle	Foot/ Toes	46.	Do you have any concerns that you would		
	e you ever had a stress fracture?			MEI	like to discuss with a doctor? NSTRUAL QUESTIONS- IF APPLICABLE		
	you been told that you have or have I an x-ray for atlantoaxial (neck)			47.	Have you ever had a menstrual period?		
instabili	ty?	_	_	48.	How old were you when you had your first	_	_
22. Do y device?	ou regularly use a brace or assistive			40	menstrual period?		
last 12 months?							
50. When was your last menstrual period?							
#'s Explain "Yes" answers here:							
I hereby certify that to the best of my knowledge all of the information herein is true and complete.							
Student's SignatureDate/							
I hereby certify that to the best of my knowledge all of the information herein is true and complete.							

_Date___/__/

Parent's/Guardian's Signature ___