

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 | | Yes | No | Medical Questions | | Yes | No |
|---|--|-----|----|---|--|-----|----|
| Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer. | | | | | | | |
| 1. Do you have any concerns that you would like to discuss with your provider? | | | | 16. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | | |
| 2. Has a provider ever denied or restricted your participation in sports for any reason? | | | | 17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | | |
| 3. Do you have any ongoing medical issues or recent illness? | | | | 18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area? | | | |
| Heart Health Questions About You | | | | 19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)? | | | |
| 4. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | | | 20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | | |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | | 21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling? | | | |
| 6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise? | | | | 22. Have you ever become ill while exercising in the heat? | | | |
| 7. Has a doctor ever told you that you have any heart problems? | | | | 23. Do you or someone in your family have sickle cell trait or disease? | | | |
| 8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography. | | | | 24. Have you ever had or do you have any problems with your eyes or vision? | | | |
| 9. Do you get lightheaded or feel shorter of breath than your friends during exercise? | | | | 25. Do you worry about your weight? | | | |
| 10. Have you ever had a seizure? | | | | 26. Are you trying to or has anyone recommended that you gain or lose weight? | | | |
| Health Questions About Your Family | | | | 27. Are you on a special Diet or do you avoid certain types of foods? | | | |
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)? | | | | 28. Have you ever had an eating disorder? | | | |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? | | | | Females Only | | Yes | No |
| 13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35? | | | | 29. Have you ever had a menstrual period? | | | |
| Bone and Joint Questions | | | | 30. How old were you when you had your first menstrual period? | | | |
| 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 game or practice? | | | | 31. When was your most recent menstrual period? | | | |
| 15. Do you have a bone, muscle, ligament or joint injury that bothers you? | | | | 32. How many periods have you had in the past 12 months? | | | |
| Explain a "Yes" answer here: _____ _____ _____ _____ _____ | | | | | | | |

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date _____