

# Preparticipation Physical Evaluation

# HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_ Sports(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Personal Physician \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
 In case of emergency, contact: \_\_\_\_\_

Explain "Yes" answers below.  
 Circle questions you don't know the answers to.

- Has a doctor ever denied or restricted your participation in sports for any reason?
- Do you have an ongoing medical condition (like diabetes or asthma)?
- Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? Do you have allergies to medicines, pollens, foods, or stinging insects?
- Have you ever passed out or nearly passed out DURING exercise?
- Have you ever passed out or nearly passed out AFTER exercise?
- Have you ever had discomfort, pain, or pressure in your chest during exercise?
- Does your heart race or skip beats during exercise?
- Has a doctor ever told you that you have (check all that apply):  
 High blood pressure  
 A heart murmur  
 High cholesterol  
 A heart infection
- Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)
- Does anyone in your family have a heart problem?
- Has any family member or relative died of heart problems or of sudden death before age 50?
- Does anyone in your family have Marfan syndrome?
- Have you ever spent the night in a hospital?
- Have you ever had surgery?
- Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below:
- Have you had any broken or fractured bones or dislocated joints? If yes, circle below:
- Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Chest
Upper	Lower	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/ Toes
Back	Lower Back						

- Do you cough, wheeze, or have difficulty breathing during or after exercise?
  - Is there anyone in your family who has asthma?
  - Have you ever used an inhaler or taken asthma medicine?
  - Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?
  - Have you had infectious mononucleosis (mono) within the last month?
  - Do you have any rashes, pressure sores, or other skin problems?
  - Have you had a herpes skin infection?
  - Have you ever had a head injury or concussion?
  - Have you been hit in the head and been confused or lost your memory?
  - Have you ever had a seizure?
  - Do you have headaches with exercise?
  - Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
  - Are 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?
  - When exercising in the heat, do you have severe muscle cramps or become ill?
  - Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
  - Have you had any problems with your eyes or vision?
  - Do you wear glasses or contact lenses?
  - Do you wear protective eyewear, such as goggles or a face shield?
  - Are you happy with your weight?
  - Are you trying to gain or lose weight?
  - Has anyone recommended you change your weight or eating habits?
  - Do you limit or carefully control what you eat?
  - Do you have any concerns that you would like to discuss with a doctor?
- FEMALES ONLY**
- 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?
- 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 \_\_\_\_\_