Sports Participation History Form

Date: _____ Name: _____

DOB: _____ Age: _____ Sex: M F

School: _____ Sport: _____

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements that you are currently taking

_____

_____

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medications Pollens Food Stinging Insects

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

GENERAL QUESTIONS	**YES**	**NO**
1. Has a doctor ever denied or restricted your participation in sports for any reason?	□	□
2. Do you have any ongoing medical conditions?	□	□
3. Have you ever spent the night in the hospital?	□	□
4. Have you ever had surgery?	□	□
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	□	□
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	□	□
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	□	□
8. Has your doctor ever told you that you have any heart problems (e.g. murmur, high blood pressure)?	□	□
9. Has a doctor ever requested a test for your heart? For example, Electrocardiography (ECG) or echocardiography?	□	□
10. Do you get lightheaded or feel shorter of breath than your friends during exercise?	□	□
11. Have you ever had an unexplained seizure?	□	□
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. 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)?	□	□
13. 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 Polymorphic Ventricular Tachycardia (CPVT)?	□	□
14. Has anyone in your family had a pacemaker or implanted defibrillator before age 35?	□	□
BONE AND JOINT QUESTIONS		
15. 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?	□	□
16. Do you have a bone, muscle, ligament, or joint injury that bothers you?	□	□

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

FEMALES ONLY	**Yes**	**No**
30. Have you ever had a menstrual period?	□	□
31. How old were your when you had your first menstrual period?	□	□
32. When was your most recent menstrual period?	□	□
33. 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 parent (or patient if over 18) _____

Date _____