## ■ PREPARTICIPATION PHYSICAL EVALUATION

## **HISTORY FORM**

Name:	younger than 18) before your ap		
Name: Date of examination:			
Date of examination:	How do you identify your g	gender? (F, M, or other)	):
List past and current medical conditions.			
Have you ever had surgery? If yes, list all past surgical	procedures.		
Medicines and supplements: List all current prescriptio	ns, over-the-counter medicines, a	nd supplements (herbal	and nutritional).
Do you have any allergies? If yes, please list all your o	ullergies (ie, medicines, pollens, fo	od, stinging insects).	
Patient Health Questionnaire Version 4 (PHQ-4)  Over the last 2 weeks, how often have you been bother	ered by any of the following probl	ems? (check box next to	appropriate number)

(Ехр	ERAL QUESTIONS lain "Yes" answers at the end of this form. e questions if you don't know the answer.)	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?		
HEA	RT 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.		

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HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
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 polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

		162	140	MEDICAL GOLSTIONS (COMMINDED)	162	
14.	Have you ever had a stress fracture or an injury			25. Do you worry about your weight?		
	to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			26. Are you trying to or has anyone recommended that you gain or lose weight?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			27. Are you on a special diet or do you avoid certain types of foods or food groups?		
MED	ICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?		
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			FEMALES ONLY	Yes	No
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			Have you ever had a menstrual period?  30. How old were you when you had your first menstrual period?		
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			31. When was your most recent menstrual period?		
19.	Do you have any recurring skin rashes or			32. How many periods have you had in the past 12 months?		
	rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			Explain "Yes" answers here. SEE NEXT	PAC	GE
20	Have you had a concussion or head injury that					
۷٠.	caused confusion, a prolonged headache, or memory problems?					
	caused confusion, a prolonged headache, or					
21.	caused confusion, a prolonged headache, or memory problems?  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					
21.	caused confusion, a prolonged headache, or memory problems?  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?  Have you ever become ill while exercising in the					

MEDICAL QUESTIONS (CONTINUED)

Yes No

BONE AND JOINT QUESTIONS

Date: \_\_\_\_\_

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