## School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised May 2017

## **HISTORY FORM**

that caused you to miss a practice, game or an event?  1. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?  3. Do you have any ongoing medical conditions? If so, please identify below.  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 or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  High blood pressure High holesterol Kawasaki disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, ECC/EKG, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  HEART HEALTH QUESTIONS ABOUT YOUR FAMILY YES NO  12. Has any family member or relative dide of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  YES  NO  The MEDICAL QUESTIONS Do you have a hone, muscle or joint problem that bothers you?  MEDICAL QUESTIONS  Do you ough, wheeze or have difficulty breathing during or after exercise?  17. Have you ever bed an inhaler or taken asthma medicine?  18. Are you missing a kidney, an eye, a testicle (males), your spleen or any orther organ?  19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?  20. Have you ever had a head injury or concussion?  21. Have you ever had a head injury or concussion?  22. Have you ever had a head injury or concussion?  23. Do you or someone ill while exercising in the heat?  24. Have you ever had a lead injury or concussion?  25. Do you whave any problems with your eyes or vision?  26. Are you trying to or has anyone recommende	te of Exam:			Data of hirth		
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.  Do you have any allergies?    Yes						
Do you have any allergies?   Yes   No   If yes, please identify specific allergy below.   Foods   Stinging Insects						
Medicines						
BONE AND JOINT QUESTIONS   YES		specific a				
## BONE AND JOINT QUESTIONS  1. When was the student's last complete physical or "checkup?"  Date: Month/ Year (Ideally, every 12 months)  2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?  3. Do you have any ongoing medical conditions? If so, please identify below.  4. Have you ever had surgery?  ### HART HEALTH QUESTIONS ABOUT YOU  5. Have you ever passed out or nearly passed out DURING or AFTER exercise?  6. Have you ever passed out or nearly passed out DURING or AFTER exercise?  7. Does your have any theart problems or pressure in your chest during exercise?  8. Has a doctor ever cloid you that you have any heart problems? If so, check all that apply.  #### High blood pressure A heart murmur High cholesterol A heart infection Rawassid disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, ECG/FK6, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  12. Have you ever had an eating disorder?  23. Do you go you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a neating disorder?  22. Have you ever had an eating disorder?  23. Do you have any problems with your eyes or vision?  24. Have you ever had an eating disorder?  25. Do you worry about your weight?  26. Are you tring to or has anyone recommended that you gain or lose weight?  27. Are you on a special diet or do you avoid certain types of food?  28. Have you ever had a menstrual period?  30. Have you ever had a menstrual period?  31. How old were you when you had your first menstrual period?  31. How old were you when you had your first menstrual period?  31. How old were you when you had your first menstrual period?  32. Have you ever had a menstrual period?		ne ansv		a striging insects		
1. When was the student's last complete physical or "checkup?"				RONE AND IGINT OUESTIONS	VFC	NC
Date: Month/ Year (Ideally, every 12 months)  YES NO  1. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?  3. Do you have any ongoing medical conditions? If so, please identify below.  4. Have you ever had surgery?  15. Do you cough, wheeze or have difficulty breathing during or after exercise?  16. Do you cough, wheeze or have difficulty breathing during or after exercise?  17. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?  18. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  High blood pressure A heart infection Kawasaki disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, ECO/EKG, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Morg GT syndrome, Shrott CT syndrome, Brugads syndrome or	·			· · · · · · · · · · · · · · · · · · ·	1123	INC
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason? 3. Do you have any ongoing medical conditions? If so, please identify below. 4. Have you ever had surgery? 4. 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 or skip beats (irregular beats) during exercise? 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  High blood pressure A heart murmur High cholesterol A heart infection Kawasaki disease Other: 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) 10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise? 11. Have you ever had a seizure? 12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome); and the problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Marfan syndrome, short IZ syndrome, s				, , , , , , , ,		
participation in sports for any reason?  3. Do you have any ongoing medical conditions? If so, please identify below.  4. Have you ever had surgery?  5. Have you ever passed out or nearly passed out DURING or AFTER exercise?  6. Have you ever passed out or nearly passed out DURING or AFTER exercise?  7. Does your heart ever race or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  — High blood pressure — A heart murmur — High cholesterol — A heart infection — Sawasaki disease Other:  — High blood pressure — A heart infection — Sawasaki disease Other:  — Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had an imhaler or taken asthma medicine?  12. Have you ever had alien, and an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, long QT syndrome, short QT syndrome, shrugada syndrome or		YES	NO	15. Do you have a bone, muscle or joint problem that bothers you?		
3. Do you have any ongoing medical conditions? If so, please identify below. 4. Have you ever had surgery?  HEART HEALTH QUESTIONS ABOUT YOU  S. 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 or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  High blood pressure High cholesterol Kawasaki disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, short QT syndrome or	·			MEDICAL QUESTIONS	YES	NC
### 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 or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  High blood pressure High cholesterol Kawasaki disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  ###################################						
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 or skip beats (irregular beats) during exercise? 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:	4. Have you ever had surgery?			17. Have you ever used an inhaler or taken asthma medicine?		
exercise?  6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?  7. Does your heart ever race or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  High blood pressure High cholesterol Kawasaki disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, EGG/EKG, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  12. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?  22. Have you ever become ill while exercising in the heat?  23. Do you have any problems with your eyes or vision?  24. Have you, or do you have any problems with your eyes or vision?  25. Do you worry about your weight?  26. Are you trying to or has anyone recommended that you gain or lose weight?  27. Are you on a special diet or do you avoid certain types of food?  18. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  28. Have you ever had an eating disorder?  29. Do you have any concerns that you would like to discuss today?  FEMALES ONLY  YES  30. Have you ever had a menstrual period?  31. How old were you when you had your first menstrual period?  31. How old were you when you had your first menstrual period?		YES	NO			
during exercise?  7. Does your heart ever race or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:	exercise?			19. Do you have any rashes, pressure sores, or other skin problems such		
7. Does your heart ever race or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  High blood pressure A heart murmur  High cholesterol A heart infection  Kawasaki disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or				· · · · · · · · · · · · · · · · · · ·		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  High blood pressure A heart murmur  High cholesterol A heart infection  Kawasaki disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or	<del>-</del>					
High cholesterol A heart murmur High cholesterol A heart infection  Sawasaki disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have sickle cell trait or disease?  24. Have you, or do you have any problems with your eyes or vision?  25. Do you worry about your weight?  26. Are you trying to or has anyone recommended that you gain or lose weight?  27. Are you on a special diet or do you avoid certain types of food?  28. Have you ever had an eating disorder?  29. Do you have any concerns that you would like to discuss today?  FEMALES ONLY  10. Have you ever had a menstrual period?  11. How old were you when you had your first menstrual period?  12. Have you ever had a menstrual period?  13. How woll were you when you had your first menstrual period?  14. Have you, or do you have any problems with your eyes or vision?  25. Do you worry about your weight?  26. Are you trying to or has anyone recommended that you gain or lose weight?  27. Are you on a special diet or do you avoid certain types of food?  28. Have you ever had an eating disorder?  29. Do you have any concerns that you would like to discuss today?  FEMALES ONLY  30. Have you ever had a menstrual period?  31. How old were you when you had your first menstrual period?  31. How wold were you when you had just the lest 12 peaches?	8. Has a doctor ever told you that you have any heart problems? If so, check			, , , , , , , , , , , , , , , , , , , ,		
High cholesterol A heart infection  Chawasaki disease  Other:  1. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  1. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  1. Have you ever had a seizure?  HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  1. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  1. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or				22. Have you ever become ill while exercising in the heat?		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or	High cholesterol A heart infection			23. Do you or someone in your family have sickle cell trait or disease?		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or	9. Has a doctor ever ordered a test for your heart? (For example,			24. Have you, or do you have any problems with your eyes or vision?		
get tired more quickly than your friends or classmates during exercise?  11. Have you ever had a seizure?  12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or	ECG/EKG, echocardiogram)					L
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or	get tired more quickly than your friends or classmates during exercise?			weight?		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or	<u> </u>			27. Are you on a special diet or do you avoid certain types of food?		
unexplained car accident or sudden infant death syndrome)?  13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or	·	YES	NO	28. Have you ever had an eating disorder?		
unexplained car accident or sudden infant death syndrome)?  FEMALES ONLY  30. Have you ever had a menstrual period?  31. How old were you when you had your first menstrual period?  31. How old were you when you had your first menstrual period?				29. Do you have any concerns that you would like to discuss today?		
defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or  31. How old were you when you had your first menstrual period?	1 0 1 0			FEMALES ONLY	YES	NC
Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or				<b>30.</b> Have you ever had a menstrual period?		
1 1 23 How many pariods have you had in the last 12 months?	Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy,			31. How old were you when you had your first menstrual period?		_
				32. How many periods have you had in the last 12 months?		
Explain "yes" answers here:	Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?			32. How many periods have you had in the last 12 months?		_
		-			-	
	nereby state that, to the best of my knowledge, my answers to th	ne abov	ve quest	tions are complete and correct.		
nereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	gnature of athlete					

certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."