

SPORTS PHYSICAL
INTERIM HEALTH HISTORY

NAME _____ SEX _____ AGE _____ DATE OF BIRTH _____

GRADE _____ SPORT _____ DATE _____

1. Over the next 12 months, I wish to participate in the following sports _____

2. Have you missed more than 3 consecutive days of participation in the usual activities because of an injury this past year?

Yes _____ No _____ (if yes, please indicate) _____

3. Have you had any broken or fractured bones or dislocated joints this past year?

Yes _____ No _____ (if yes, please indicate) _____

4. Have you missed more than 5 consecutive days of participation in usual activities because of an illness in this past year?

Yes _____ No _____ (if yes, please indicate) _____

5. Have you had a seizure, concussion or been unconscious for any reason in the last year?

Yes _____ No _____

6. Have you ever passed out or nearly passed out during exercise?

Yes _____ No _____

7. Have you ever passed out or nearly passed out after exercise?

Yes _____ No _____

8. Have you had discomfort, pain, or pressure in your chest during exercise?

Yes _____ No _____

9. Does your heart race or skip beats during exercise?

Yes _____ No _____

10. Have you had your vision checked in the past year?

Yes _____ No _____

Do you wear glasses or contact lenses?

Yes _____ No _____

11. Have you had surgery or been hospitalized in the past year?

Yes _____ No _____ (if yes, please indicate) _____

12. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly?

Yes _____ No _____

13. Does anyone in your family have Marfan Syndrome?

Yes _____ No _____

14. List all medications you are presently taking.

15. Are you worried about any problems or conditions at this time?

Yes _____ No _____ (if yes, please explain) _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____