

## MEDICAL HISTORY

This form must be completed by a parent or guardian prior to the physical examination and should be taken with the physical exam form for review by the physician during the examination.

Yes      No

**1. Has your child ever had any of the following?**

\_\_\_\_      \_\_\_\_ Broken Bones: \_\_\_\_\_ Weak Joints- ankles, knees: \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Spinal Injury: \_\_\_\_\_ Seizures or Epilepsy: \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Concussion: \_\_\_\_\_ Operation: \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Referred pain, such as a "burner" or a "stinger": \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Injury or illness that excluded athletic participation previously: \_\_\_\_\_

**2. Cardiovascular History**

\_\_\_\_      \_\_\_\_ Has your child ever fainted or passes out? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has your child ever had chest pain or discomfort with exercise? Has your child ever had to stop running or exercising because of chest pain or shortness of breath? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has your child ever has excessive, unexpected, or unexplained shortness of breath associated with exercise? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Does your child ever cough, wheeze, or have trouble breathing during or after activity? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has your child ever become ill from exercising in the heat? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has your child ever had excessive, unexpected, or unexplained fatigue associated with exercise? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has your child ever been found to have a heart murmur? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has your child ever had high blood pressure (hypertension)? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has any family member died prematurely (before age 50 –sudden/otherwise)? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Is there any family history of significant disability due to cardiovascular disease in a close relative less than 50 years of age? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Does your child have any specific knowledge of the occurrence of specific cardiovascular conditions such as hypertrophic cardiomyopathy, dilated cardiopathy, long QT syndrome, Marfan syndrome, or clinically important arrhythmias? \_\_\_\_\_

**3. General Information**

\_\_\_\_      \_\_\_\_ Has your child ever been knocked out (concussion)? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has your child ever been hospitalized? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has your child ever had significant allergies to bee stings, foods, medicine, etc? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Does your child have asthma? (if yes how is it treated?) \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Does your child take any medication regularly (prescription/nonprescription)? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has your child had any illness lasting a week or more such as mononucleosis, etc? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has your child had any blood disorders, including sickle cell train, anemia, etc? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Is your child a diabetic? (if yes how are your being treated?) \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Does your child wear contact lenses, eyeglasses, or dental appliances? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Do you have missing or non-functioning organs, i.e. tentes, eye, kidney, etc? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Are you aware of any skin conditions or changes in the appearance of skin on your child? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Has you child experiences a significant change in weight (gain or loss or 10 lbs or more) in the last year? \_\_\_\_\_  
\_\_\_\_      \_\_\_\_ Does your child have any other significant health problems? \_\_\_\_\_

Record the dates for your child's most recent immunizations for:

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_  
Hepatiitiis \_\_\_\_\_ Chickenpox \_\_\_\_\_

**Females Only**

When was your child's first menstrual period? \_\_\_\_\_  
When was your child's most recent menstrual period? \_\_\_\_\_  
How much time is there between the start of one period to the start of another? \_\_\_\_\_  
What was the longest time between periods in the last year? \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Athlete Printed Name:** \_\_\_\_\_

**Student Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_