

Patient Medical History for Pre-Participation Physical

Name _____

GENERAL QUESTIONS - Circle "Yes" or "No" for each question.

YES NO 1. Has a doctor ever denied or restricted your participation in sports for any reason?

YES NO 2. Do you have any ongoing medical conditions? If so, please identify
 Asthma Anemia Diabetes Infections Other: _____

YES NO 3. Have you ever spent the night in the hospital?

YES NO 4. Have you ever had surgery?

HEART HEALTH QUESTIONS ABOUT YOU - Circle "Yes" or "No" for each question.

YES NO 5. Have you ever passed out or nearly passed out DURING or AFTER exercise?

YES NO 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

YES NO 7. Does your heart ever race or skip beats (irregular beats) during exercise?

YES NO 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 Marfan's Syndrome
Other: _____

YES NO 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)

YES NO 10. Do you get lightheaded or feel more short of breath than expected during exercise?

YES NO 11. Have you ever had an unexplained seizure?

YES NO 12. Do you get more tired or short of breath more quickly than your friends during exercise?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY - Circle "Yes" or "No" for each question.

YES NO 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?

YES NO 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?

YES NO 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

YES NO 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

BONE AND JOINT QUESTIONS - Circle "Yes" or "No" for each question.

YES NO 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?

YES NO 18. Have you ever had any broken or fractured bones or dislocated joints?

YES NO 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?

YES NO 20. Have you ever had a stress fracture?

YES NO 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability?

YES NO 22. Do you regularly use a brace, orthotics, or other assistive device?

YES NO 23. Do you have a bone, muscle, or joint injury that bothers you?

YES NO 24. Do any of your joints become painful, swollen, feel warm, or look red?

YES NO 25. Do you have any history of juvenile arthritis or connective tissue disease?

MEDICAL QUESTIONS - Circle "Yes" or "No" for each question.

YES NO 26. Do you cough, wheeze, or have difficulty breathing during or after exercise?

YES NO 27. Have you ever used an inhaler or taken asthma medicine?

YES NO 28. Is there anyone in your family who has asthma?

YES NO 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?

YES NO 30. Do you have groin pain or a painful bulge or hernia in the groin area?

YES NO 31. Have you had infectious mononucleosis (mono) within the last month?

YES NO 32. Do you have any rashes, pressure sores, or other skin problems?

YES NO 33. Have you had a herpes or MRSA skin infection?

YES NO 34. Have you ever had a head injury or concussion? If yes, how many: _____ Month/year: _____

YES NO 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?

YES NO 36. Do you have a history of seizure disorder?

YES NO 37. Do you have headaches with exercise?

YES NO 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?

YES NO 39. Have you ever been unable to move your arms or legs after being hit or falling?

YES NO 40. Have you ever become ill while exercising in the heat?

YES NO 41. Do you get frequent muscle cramps when exercising?

YES NO 42. Do you or someone in your family have sickle cell trait or disease? Relation _____

YES NO 43. Have you had any problems with your eyes or vision?

YES NO 44. Have you had any eye injuries?

YES NO 45. Do you wear glasses or contact lenses?

YES NO 46. Do you wear protective eyewear, such as goggles or a face shield?

YES NO 47. Do you worry about your weight?

YES NO 48. Are you trying to or has anyone recommended that you gain or lose weight?

YES NO 49. Are you on a special diet or do you avoid certain types of foods?

YES NO 50. Have you ever had an eating disorder?

YES NO 51. Do you have any concerns that you would like to discuss with a doctor?

FEMALES ONLY - Circle "Yes" or "No" for each question.

YES NO 52. Have you ever had a menstrual period?

YES NO 53. How old were you when you had your first menstrual period?

YES NO 54. How many periods have you had in the last 12 months? _____

As the parent or legal guardian or the above named – student athlete, I give my consent for his/her participation in athletic events and the pre-participation physical evaluation for that participation.

Signed _____
(Parent/Guardian)

****DO NOT UPLOAD THIS PAGE TO PLANET HIGH SCHOOL – THIS IS FOR THE PHYSICIAN'S REFERENCE ONLY – PLEASE COMPLETE THE ONLINE MEDICAL HISTORY****

*****UPLOAD THIS FORM UNDER THE PHYSICAL FORM SECTION ON PLANET HIGH SCHOOL*****

Height _____ inches Weight _____ pounds Pulse, R _____ OR L _____
 Blood Pressure: Right _____ / _____ OR Left _____ / _____
 Vision: L 20/ _____ R 20/ _____ Vision, corrected: L 20/ _____ R 20/ _____ Contacts _____ Glasses _____

Medical	Normal	Abnormal Findings
<u>Appearance</u> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
EENT – pupils equal, hearing		
Lungs		
<u>Heart</u> Murmurs (auscultation standing, supine, +/- Valsalva)		
Abdomen		
Skin – HSV, lesions suggesting MRSA, tinea corporis		
Lymph nodes		
Genitourinary (males only)		Patient declined _____
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional – duck walk, single leg hop		

Physician – please check the box that applies:

CLEARED for all sports EXCEPT _____

NEEDS FURTHER EVALUATION FOR _____

Secondary Clearance Physician signature _____

NOT CLEARED DUE TO _____

Name of Physician or Practice _____

Address _____ Zip _____

Signature _____, MD or DO Phone _____

Printed name _____ Date of Physical _____

****ALL PHYSICALS MUST BE DATED PER SC HIGH SCHOOL LEAGUE ELIGIBILITY RULES****