

Preparticipation Physical Evaluation History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment

Name: _____ Date of birth: _____

Date of exam: _____ Sport(s): _____ Grade: _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? _____

List past & current conditions: _____

Have you ever had surgery? If yes, list all past surgeries & dates of procedure. _____

Medicines & Supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal & nutritional). _____

Do you have allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

GENERAL QUESTIONS		
(Explain "Yes" answers at the end of this form. Circle 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?		
HEART HEALTH QUESTIONS ABOUT YOU		
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 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, ECG/EKG or echocardiogram?		
9. Do you get light-headed during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
11. Has any family member or relative dies 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?		
BONE AND JOINT QUESTIONS		
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a game or practice?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		

MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, tingling or weakness in your arms or legs, 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 or does someone in your family have sickle cell trait or disease?			
24. Have you ever had 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 foods or food groups?			
28. Have you ever had an eating disorder?			
29. Have you had mononucleosis (mono) in the last month?			
30. Have you ever been diagnosed with COVID-19?			
FEMALES ONLY			
31. How old were you when you had your first menstrual period?			
32. When was your most recent menstrual period?			
33. How many periods have you had in the past 12 months?			

Explain "Yes" answers here:

Signature of Athlete _____ Signature of Parent/guardian _____ Date _____