

# LAKE WASHINGTON SCHOOL DISTRICT

## Preparticipation Physical Examination - - Medical History Form

Name \_\_\_\_\_ Date of BIRTH \_\_\_\_\_ Date of EXAM \_\_\_\_\_

Gender: M F Age \_\_\_\_\_ Grade \_\_\_\_\_ Intended Sport(s) \_\_\_\_\_

Medications: Please list **ALL** prescription and over-the-counter medications, supplements (herbal and nutritional) and vitamins that you are currently taking.

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Please indicate what allergies you have:

None  Pollens  Stinging Insects (specify) \_\_\_\_\_  Foods (specify) \_\_\_\_\_  Medications (specify) \_\_\_\_\_

**Explain all "YES" answers below. Circle questions that you don't know the answer to.**

GENERAL QUESTIONS	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please specify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____		
3. Have you ever spent a night in the hospital?		
4. Have you ever had surgery?		
5. Have you had an injury or illness since your last physical exam?		
6. Are you currently injured or ill, or recovering from a recent injury/illness?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO
7. Have you passed out or nearly passed out DURING or AFTER exercise?		
8. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
9. Does your heart ever race or skip beats (irregular beats) during exercise?		
10. Has a doctor ever told you that YOU have heart problem? If so, check all that apply: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other: _____		
11. Has a doctor ever ordered a test for your heart, such as an ECG/EKG or an echocardiogram?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	YES	NO
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a PE class, a practice, or a game?		
18. Have you ever had any fractured or broken bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told you have (or had an x-ray for) neck instability or atlantoaxis instability?		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		

MEDICAL QUESTIONS	YES	NO
25. Do you have a history of juvenile arthritis of connective tissue disease?		
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without (or are you now missing) a kidney, an eye, a testicle, your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in your groin area?		
31. Have you had infectious mononucleosis (mono) within the last two months?		
32. Have you ever had a skin infection such as ringworm, MRSA, herpes, impetigo, etc?		
33. Have you ever had a head injury or a concussion?		
34. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
35. Do you have a history of seizure disorder?		
36. Do you have headaches with exercise?		
37. Have you ever had numbness or tingling in your arms or legs after being hit or falling?		
38. Have you ever been unable to move your arms or legs after being hit or falling?		
39. Have you ever become ill while exercising in the heat?		
40. Do you get frequent muscle cramps when exercising?		
41. Do you or someone in your family have sickle cell trait or disease?		
42. Have you had any problems with your eyes or vision?		
43. Have you had any eye injuries?		
44. Do you wear contact lenses or glasses?		
45. Do you wear protective eyewear, such as goggles or a face shield?		
46. Do you worry about your weight?		
47. Are you on a special diet or do you avoid certain types of foods?		
48. Are you trying to (or has someone recommended that you) lose weight or gain weight?		
49. Have you ever had an eating disorder?		
50. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	YES	NO
51. Have you ever had a menstrual period?		
52. How old were you when you had your first menstrual period?		
53. How many periods have you had in the last 12 months?		

**Explain all "YES" answers here**

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**Parents are responsible for coordinating with their child's coach if their child has a life threatening health condition where they may need emergency medication i.e. epipen or inhaler during any sporting events they are participating in.**

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

Signature of Athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Adapted from "Preparticipation Physical Evaluation" Monograph, 4th Edition ©2010 AAEP, AMSSM, AAP, ACSM, AOSSM, AOASM