

Medical History

Please answer the following questions by circling Yes or No. If you answer yes, please explain at the bottom of the form and on the back if necessary.

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|-----|--|-----|----|
| 1. | Have you ever had a serious medical problem requiring surgery, hospitalization or prolonged treatment by a doctor? | Yes | No |
| 2. | Do you take any medication of any type?
What do you take? _____ | Yes | No |
| 3. | Have you ever had a severe allergic reaction of anything? | Yes | No |
| 4. | Have you ever had allergic problems such as hay fever, asthma or eczema? | Yes | No |
| 5. | Do you have difficult breathing or wheezing during or shortly after exercise? | Yes | No |
| 6. | Have you ever had a heart murmur, racing heart or irregular heart beat | Yes | No |
| 7. | Have you ever been dizzy or passed out during exercise? | Yes | No |
| 8. | Has any family member ever had a heart attack or died suddenly before the age of 50. | Yes | No |
| 9. | Do you have chest pain or tire more easily than others your age when exercising? | Yes | No |
| 10. | Have you ever suffered heat related problems such as heat cramps, severe headache, dizziness or passing out? | Yes | No |
| 11. | Have you ever had a significant injury such as a sprain, fracture or dislocation to a bone or joint? | Yes | No |
| 12. | Have you every had a concussion or been knock out? | Yes | No |
| 13. | Have you ever had a seizure? | Yes | No |
| 14. | Have you ever had burning pain, numbness or tingling in your arm or legs associated with any physical activity? | Yes | No |
| 15. | Is there any other medical or family history which might be important? | Yes | No |
| 16. | Have you ever been taken out of or kept from participating in a sports activity or practice due to an injury? | Yes | No |
| 17. | Have you ever required taping, padding or bracing before events or practice? | Yes | No |
| 18. | Do you have damage or absence of one of any paired organs? | Yes | No |
| 19. | Do you have any skin problems (rash or itching)? | Yes | No |
| 20. | In the last year, how much weight have you gained or lost? +/- _____ | | |
| 21. | What is the last date of your last tetanus booster? _____ | | |
| 22. | What is the date of your last MMR? _____ | | |

For females only

- | | | | |
|-----|--|-----|----|
| 23. | What is the date of your last menstrual period? _____ | | |
| 24. | In the last year have you gone for three months or more without a menstrual cycle? | Yes | No |

Physical

Height _____ Blood Pressure _____ >140/85?

Weight _____ Pulse _____

Vision R- Corrected _____ Uncorrected _____
L- Corrected _____ Uncorrected _____

Glasses _____ Contact lenses R _____ L _____ Both _____

HEENT _____

Neck- ROM _____ Palpation _____ Tenderness _____

Chest Auscultation _____
Wheezing _____ Rales _____

CV Heart Murmur? _____
• Murmur increase with valsalva _____
• Murmur grade III or IV _____
• Murmur diastolic _____
Rhythm _____ click _____ rub _____
Pulses: carotid _____ radial _____ pedal (DP _____ PT _____)
Edema _____ Cyanosis _____

Abdomen _____
Enlarged liver _____ Enlarged Spleen _____
Hernia _____ Scars _____

GU: Male _____ Testicles R _____ L _____
Female _____
Inguinal Hernia _____

Skin: Gen _____
Rashes _____ Impetigo _____ Herpes S _____

MS Shoulder _____
Elbow _____
Wrist/ Hand _____
Back _____
Hip _____
Knee _____
Ankle _____
Feet _____
Other _____

Identified Problems _____

Recommendations Coach/ Trainer _____

Marfan >2 (tall _____ Striae _____ Hyper extensibility _____)
Upper to lower body ratio >0.9 _____ lens dislocation _____

The above individual has been cleared for participation in the following sports:

