



**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.

- |     |  |     |    |
|-----|--|-----|----|
| 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?<br>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:  
\_\_\_\_\_  
\_\_\_\_\_