

PREPARTICIPATION HEALTH SCREEN

HISTORY: To be completed by parent or guardian.

Child's Name _____

Yes	No	
_____	_____	Have you participated in organized sports previously?
_____	_____	If so, what sports? _____
_____	_____	Have you ever had a broken bone?
_____	_____	Have you ever sprained an ankle or other joint?
_____	_____	Have you ever had a concussion or skull fracture?
_____	_____	Have you ever lost consciousness for any reason?
_____	_____	Have you had any injuries that did or would have prevented participation in sports?
_____	_____	Have you ever been advised to restrict activity for any reason?
_____	_____	Have you been admitted to a hospital?
_____	_____	Have you had any surgical operations (other than tonsillectomy)?

Have you ever had any of the medical problems listed below?

Yes	No		Yes	No	
_____	_____	Epilepsy or convulsions	_____	_____	Skin problems
_____	_____	Diabetes	_____	_____	Visual or hearing problems
_____	_____	Abnormal bleeding	_____	_____	Nose Bleeds
_____	_____	Infectious mononucleosis	_____	_____	Frequent colds
_____	_____	Asthma or allergies	_____	_____	Frequent headache
_____	_____	Rheumatic fever	_____	_____	Hepatitis (w/in 1 yr.)
_____	_____	Lost or impaired organ (for example, eye, kidney, lung, testicle)	_____	_____	

Answer the following questions:

Yes	No	
_____	_____	Do you have or ever been told you have a heart murmur?
_____	_____	Were you born with heart disease?
_____	_____	Do you ever have skipped heart beats, extra strong beats, or any abnormal heart rhythm?
_____	_____	Do you ever get chest pain during or right after exercise?
_____	_____	Do you fatigue easily when exercising?
_____	_____	Have you ever lost consciousness during exercise?
_____	_____	Do you have high blood pressure?
_____	_____	Has any one in your family died suddenly without explanation?
_____	_____	Has any one in your family had heart problems before age 50?
_____	_____	Is anyone in your family deaf?
_____	_____	Have you had a tetanus shot in the last 10 years?

Please list all medicine you take regularly:

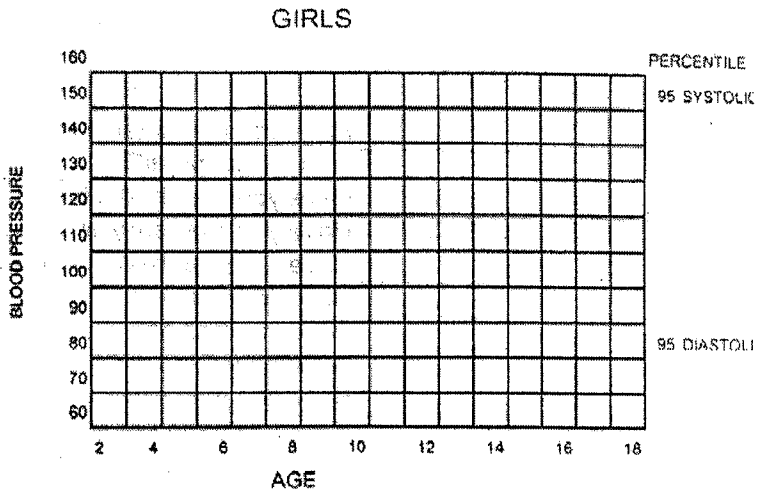
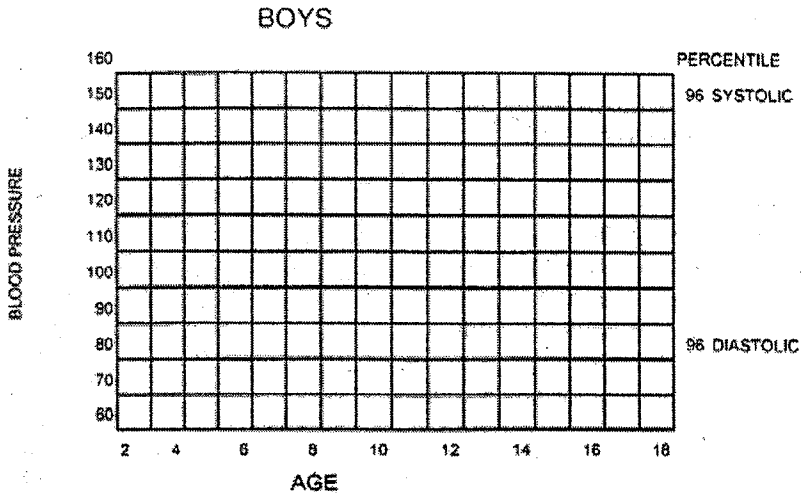
Explain all "yes" answers below:

Signature of Athlete _____

Signature Parent or Guardian
(if athlete is minor) _____

CHILD'S NAME _____ AGE _____ WT. _____ HT. _____

Blood Pressure:



Body Habitus: _____

Skin - Normal _____

Cardiovascular - Normal _____

Orthopedic Screen - Normal _____

Other _____

Statement

_____ This athlete requires further evaluation by a physician prior to participation in athletics.

_____ No contraindications to full participation in athletics have been noted in this preparticipation screen.

_____ Date

_____ Signature of Physician