HILLTOPPER ATHLETICS

Pre-Participation Physical Evaluation: Medical History Form

ANSWERS MUST BE TYPED BELOW

This form must be completed annually in order to participate in athletic activities. The questions are designed to determine if the student-athlete has any condition that would make it hazardous to participate in an athletic event.

Name: _____ Age: _____ Date of Birth: _____

Explain "yes" answers on next page.

		Yes	No
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
3.	Have you ever had surgery?	☐	☐
4.	Are you currently taking any prescriptions or non-prescription (over the counter) medications or pills, or using an inhaler?	☐	☐
5.	Do you have any allergies (pollen, medicine, food or stinging insects)?	☐	☐
6.	Have you ever passed out during or after exercise?	☐	☐
7.	Have you ever been dizzy during or after exercise?	☐	☐
8.	Have you ever had chest pain during or after exercise?	☐	☐
9.	Do you get tired more quickly than your friends do during exercise?	☐	☐
10.	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
11.	Have you had high blood pressure or high cholesterol?	☐	☐
12.	Have you ever been told you have a heart murmur?	☐	☐
13.	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
14.	Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome or abnormal heart rhythm?	☐	☐
15.	Have you had a severe viral infection (example: myocarditis or mononucleosis) within the last month?	☐	☐
16.	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
17.	Do you have any current skin problems (example: itching, rashes, acne, warts, fungus or blisters)?	☐	☐
18.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, lost consciousness or lost your memory?	☐	☐
	If yes, how many times? _____		
	When was your last concussion? _____		
	How severe was each one? (Explain below)		
	Have you ever had a seizure?	☐	☐
	Do you have frequent headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
	Have you ever had a stinger, burner or pinched nerve?	☐	☐

		Yes	No
19.	Have you ever become ill from exercising in the heat?	☐	☐
20.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you cough, wheeze or have trouble breathing during or after exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
21.	Have you had any problems with your eyes or vision?	☐	☐
22.	Are you missing any paired organ?	☐	☐
23.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position?	☐	☐
24.	Have you ever had a sprain or strain?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	☐	☐
	If yes, check appropriate area and explain on next page:		
	☐ Head ☐ Elbow ☐ Hip ☐ Neck ☐ Forearm		
	☐ Thigh ☐ Back ☐ Wrist ☐ Knee ☐ Chest		
	☐ Hand ☐ Shin ☐ Shoulder ☐ Finger ☐ Ankle		
	☐ Upper Arm ☐ Foot		
25.	Do you want to weigh more or less than you do now?	☐	☐
	Do you fear becoming fat?	☐	☐
	Have you made repeated attempts to diet or restrict your eating?	☐	☐
	Do you feel fat even though family and friends say you are not?	☐	☐
26.	Do you ever feel overly stressed, anxious or depressed?	☐	☐
27.	Are you under a doctor's care?	☐	☐
28.	Have you or anyone in your family been diagnosed with sickle cell or sickle cell trait?	☐	☐
29.	Have you ever been diagnosed with ADD/ADHD?	☐	☐
	Females Only		
30.	When was your first menstrual period? _____		
	When was your most recent menstrual period? _____		
	How much time do you usually have from the start of one period to the start of another? _____		
	How many periods have you had in the last year? _____		
	What was the longest time between periods in the last year? _____		

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Explain any "yes" answers below.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I acknowledge that failure to report any known medical condition will result in forfeiture of all athletic scholarships awarded.

_____ _____

Signature Date

ST. EDWARD'S UNIVERSITY