Preparticipation Physical Evaluation

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep copyst of this form in the chart.)

Date of Exam ____________________________

Name ____________________________ Date of birth ____________________________

Sex ______ Age ______ Grade ______ School ______ Sport( ) ______

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

________________________________________________________________________

Do you have any allergies?  □ Yes  □ No  If yes, please identify specific allergy below.
□ Medicines  □ Pollens  □ Food  □ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS

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 identify below: □ Asthma □ Anemia □ Diabetes □ Infections □ Other: ____________________________

3. Have you ever spent the night in the hospital? ____________

4. Have you ever had surgery? ____________

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever: passed out or nearly passed out during or after exercise? ____________

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? ____________

7. Does your heart race or skip beats (irregular heart) during exercise? ____________

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
□ High blood pressure  □ A heart murmur  □ High cholesterol  □ A heart infection  □ Kawasaki disease  □ Other: ____________________________

9. Has a doctor ever ordered a test for your heart? (For example, EKG, 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 short of breath more quickly than your friends during exercise? ____________

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 60 (including drowning, unexplained car accident, or sudden infant death syndrome)? ____________

14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, amyloidosis, right ventricular cardiomyopathy, long QT syndrome, atrial fibrillation, 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

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? ____________

18. Have you ever had any broken or fractured 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 that you have or have you had an x-ray for metastatic or abnormal instability? (Down syndrome or dwarfism) ____________

22. Do you regularly use a brace, orthotics, or other assistive devices? ____________

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? ____________

25. Do you have any history of juvenile arthritis or connective tissue disease? ____________

MEDICAL QUESTIONS

26. Do you couch, 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 missing a kidney, an eye, a testicle (males), your spleen, or any other organ? ____________

30. Do you have joint pain or a painful muscle or hernia in the groin area? ____________

31. Have you had infectious mononucleosis (mono) within the last month? ____________

32. Do you have any rashes, pressure sores, or other skin problems? ____________

33. Have you had a herpes or MASA skin infection? ____________

34. Have you ever had a head injury or concussion? ____________

35. Have you ever had a hit or blow to the head that caused confusion, propped headache, or memory problems? ____________

36. Do you have a history of seizure disorder? ____________

37. Do you have headaches with exercise? ____________

38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? ____________

39. Have you ever been unable to move your arms or legs after being hit or falling? ____________

40. Have you ever become ill while exercising in the heat? ____________

41. Do you get frequent muscle cramps when exercising? ____________

42. Do you or someone in your family have sickle cell trait or disease? ____________

43. Have you had any problems with your eyes or vision? ____________

44. Have you had any eye injuries? ____________

45. Do you wear glasses or contact lenses? ____________

46. Do you wear protective gear, such as helmets or a face shield? ____________

47. Do you worry about your weight? ____________

48. Are you trying to or has anyone recommended that you gain or lose weight? ____________

49. Are you on a special diet or do you avoid certain types of foods? ____________

50. Have you ever had an eating disorder? ____________

51. Do you have any concerns that you would like to discuss with a doctor? ____________

FEMALES ONLY

52. Have you ever had a menstrual period? ____________

53. How old were you when you had your first menstrual period? ____________

54. How many periods have you had in the last 12 months? ____________

Explain "yes" answers here.

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 ____________________________


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