

PREPARTICIPATION ATHLETIC CLEARANCE INITIAL HISTORY (1<sup>st</sup> of 2 PAGES)

Explain "yes" answers below. Circle questions if you don't know the answers.

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your sports participation for any reason? 2. Do you have an ongoing medical condition (like diabetes or asthma)? 3. Have you ever been hospitalized or had a serious illness? 4. Were you born without or are you missing a kidney, spleen, testicle, or any other organ? 5. Are you currently taking any prescription or nonprescription (over-the-counter) medicines, including birth control pills? 6. Do you take any vitamins or supplements? 7. Do you have allergies to medicines, pollens, foods or stinging insects? <u>HEART QUESTIONS</u> 8. Have you ever passed out or nearly passed out DURING exercise? 9. Have you ever passed out or nearly passed out AFTER exercise? 10. Have you ever had discomfort, pain, or pressure in your chest during exercise? 11. Does your heart race or skip beats during exercise? 12. Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection 13. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) <u>FAMILY QUESTIONS</u> 14. Has any family member or relative died of heart problems or of sudden death before age 50? 15. Does anyone in your family have asthma? 16. Does anyone in your family have a significant illness such as heart problems, diabetes, etc.? 17. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?			<u>LUNG QUESTIONS</u> 18. Has a doctor ever told you that you have asthma or allergies? 19. Do you cough, wheeze, or have difficulty breathing during or after exercise? 27. Have you ever used an inhaler or taken asthma medicines? <u>SKIN QUESTIONS</u> 28. Have you had any rashes or other skin problems? 29. Have you had skin infections such as herpes, impetigo, or Staph (MRSA)? <u>NEUROLOGY QUESTIONS</u> 30. Have you ever had a head injury or concussion? 31. Have you ever been hit in the head and been confused or lost your memory? 32. Have you ever had a seizure? 33. Do you have headaches with exercise? 34. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? 35. Have you ever been unable to move your arms or legs after being hit or falling? 36. When exercising in the heat, do you have severe muscle cramps or become ill? <u>VISION QUESTIONS</u> 37. Have you had any problems with your eyes or vision? 38. Do you wear glasses or contact lenses? 39. Do you have any concerns that you would like to discuss with a doctor?		

**Explain "YES" answers here:**

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

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PRINT NAME
SIGNATURE
PERM #
DATE

PREPARTICIPATION ATHLETIC CLEARANCE INITIAL HISTORY (2<sup>nd</sup> of 2 PAGES)

Explain "yes" answers below. Circle questions if you don't know the answers.

	Yes	No
<b><u>SUBSTANCE USE</u></b>		
20. In an average week do you typically have 10 or more alcoholic drinks?		
21. Have you ever passed out or had memory blanks as a result of drinking?		
22. Have you ever felt like you ought to cut down on your drinking?		
23. Have you ever been injured as a result of drinking?		
<b><u>MENTAL HEALTH QUESTIONS</u></b>		
24. Have you ever been severely depressed?		
25. Are you taking or have you ever taken medications for depression or other mental health problems?		
26. Have you ever received medical care or been hospitalized for mental health problems or an eating disorder?		
<b><u>WEIGHT QUESTIONS</u></b>		
27. Are you trying to gain or lose weight?		
28. Has anyone recommended you change your weight or eating habits?		
29. Do you limit or carefully control what you eat?		
<b><u>FEMALES ONLY</u></b>		
30. How old were you when you had your first menstrual period? _____		
31. Have you ever missed a menstrual period?		
32. How many periods have you had in the last 12 months? _____		

<b><u>ORTHOPEDIC QUESTIONS</u></b>	Yes	No
33. Have you ever had a stress fracture?		
34. Have you been told that you have or have you had an X-ray for neck instability?		
35. Do you regularly use a brace or assistive device?		
36. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?		
37. Have you had any broken or fractured bones or dislocated joints?		
38. Have you had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, cast or crutches?		

**CIRCLE any injured area below:**

Head	Neck	Upper Back	Shoulder R L	Upper Arm R L	Elbow R L	Forearm R L	Hand/Fingers R L
Chest	Lower Back	Hip R L	Thigh R L	Knee R L	Calf/Shin R L	Ankle R L	Foot/Toes R L

**Explain "YES" answers here:**

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

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