

## SPORTS PRE-PARTICIPATION EXAMINATION

SPORT: \_\_\_\_\_

DATE: \_\_\_\_\_

	Please check the appropriate box	Yes (✓)	No (✓)	Don't Know (✓)
1.	Has anyone in the athlete's family died suddenly before the age of 50 years?			
2.	Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?			
3.	Does the athlete have asthma (wheezing), or coughing spells during or after exercise?			
4.	Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?			
5.	Does the athlete have a history of a concussion (getting knocked out) or seizures?			
6.	Has the athlete ever suffered a heat-related illness (heat stroke)?			
7.	Does the athlete have a chronic illness or see a physician regularly for any particular problem?			
8.	Does the athlete take any prescribed medicine, herbs or nutritional supplements? If so, please state _____			
9.	Is the athlete allergic to any medications or bee stings?			
10.	Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries)?			
11.	Has the athlete ever had prior limitation from any sports participation?			
12.	Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?			
13.	Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?			
14.	Is there a history of people in the family with cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome?			
15.	Has the athlete ever been hospitalized overnight or had surgery?			
16.	Does the athlete lose weight regularly to meet the requirements of this sport?			
17.	Does the athlete have asthma?			
18.	Is there a family history of a bleeding disorder? (Hemophilia, Von Willebrands disease)			
19.	FEMALES ONLY: a. When was your first menstrual period? _____ b. When was your most recent menstrual period? _____ c. What was the longest time between menstrual periods in the last year? _____			

**PEDIATRIC ASSOCIATES OF WESTERN CT, PC**

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_