

ALBION CENTRAL SCHOOL
Pre-participation Health History

Name _____ Age _____ Date of Birth _____ Grade _____

Sports _____ Family Physician _____ Phone _____

In case of Emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

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

Signature of parent/guardian _____ Date _____

If "YES" is answered to any question, please explain below.

- 1. Have you had a medical illness of injury since your last sports physical? YES NO
- 2. Have you ever been hospitalized overnight? YES NO
Have you ever had surgery? YES NO
- 3. Are you currently taking any prescription or over-the-counter medications, pills or using an inhaler? YES NO
Have you ever taken supplements or vitamins to help you gain or lose weight or improve your performance? YES NO
- 4. Do you have any allergies to pollen, food, medicine or stinging insects? YES NO
Have you ever had a rash or hives develop during or after exercise? YES NO

PLEASE NOTE: ANY QUESTIONS IN THIS SECTION (5) THAT ARE ANSWERED YES, MAY REQUIRE A CARDIAC EVALUATION AT YOUR EXPENSE, PRIOR TO ANY SPORTS PARTICIPATION AT THE REQUEST OF THE SCHOOL PHYSICIAN.

- 5. During or after exercise have you ever passed out? YES NO
During or after exercise have you ever been dizzy? YES NO
During or after exercise have you had chest pain? YES NO
Do you get tired more quickly than your friends do during exercise? YES NO
Have you ever had racing of your heart or skipped heartbeats? YES NO
Have you had high blood pressure or high cholesterol? YES NO
Have you ever been told you have a heart murmur? YES NO
Has any 1st generation family member or relative died of **sudden cardiac death** before age 55? Include mother, father, brothers, sisters, aunts, uncles, grandparents YES NO
Have you had a severe viral infection such as mononucleosis or myocarditis within the last month? YES NO
Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO
- 6. Do you have any current skin problems such as itching, rashes, acne, warts, fungus or blisters? YES NO
- 7. Have you ever had a head injury or concussion? YES NO
Have you ever been knocked out, become unconscious or lost your memory? YES NO
Have you ever had a seizure? YES NO
Do you have frequent or severe headaches? YES NO
Have you ever had numbness or tingling in your arms, hands, legs or feet? YES NO
Have you ever had a stinger, burner or pinched nerve? YES NO
- 8. Have you ever become ill from exercising in the heat? YES NO

- 9. Do you cough, wheeze or have trouble breathing during or after exercise? YES NO
Do you have asthma? YES NO
Do you have seasonal allergies that require medical treatment? YES NO
- 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position such as knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid? YES NO
- 11. Have you had any problems with your eyes or vision? YES NO
Do you wear glasses, contacts, or protective eyewear? YES NO
- 12. Have you ever had a sprain, strain or swelling after injury? YES NO
Have you broken or fractured any bones or dislocated any joints? YES NO
Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? YES NO
If yes, check appropriate box and explain below:

___ head	___ elbow	___ hip
___ neck	___ forearm	___ thigh
___ back	___ wrist	___ knee
___ chest	___ hand	___ shin/calf
___ shoulder	___ finger	___ ankle
___ upper arm		___ foot
- 13. Do you want to weigh more or less than you do now? YES NO
Do you lose weight regularly to meet weight requirements for your sport? YES NO
- 14. Do you feel stressed out? YES NO

FEMALES ONLY

- 15. 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? _____

EXPLAIN "YES" ANSWERS HERE:
