

Lakeland Regional High School Athletic Department

PRE-PARTICIPATION HEALTH HISTORY QUESTIONNAIRE (Update)

Today's Date _____

Student's Name: _____ Sex: M F (circle one) Age: _____

Date of Birth: _____ Sport: _____ Home Phone: _____

Grade: _____ School: _____ District: _____

Physician: _____ Phone: _____ Fax: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Directions: Please answer the following questions about the student's medical history. Explain all "yes" responses at the bottom of the page. *Please respond to all questions.*

1. Have you had or do you currently have:

- a. A sports physical within the past 365 days? Y / N / Don't Know
- b. An injury or illness since your last exam? Y / N / Don't Know
- c. A chronic or ongoing illness (such as diabetes or asthma)? Y / N / Don't Know
 1. Use an inhaler or other prescription medicine to control asthma? Y / N / Don't Know
- d. Any prescribed or over the counter medications that you take on a regular basis? Y / N / Don't Know
- e. Surgery, hospitalization or any emergency room visit(s)? Y / N / Don't Know
- f. Any allergies to medications? Y / N / Don't Know
- g. Any allergies to bee stings, pollen, latex or foods? Y / N / Don't Know
 1. Type of reaction: Rash? Hives? Other skin condition? (Circle all that apply.) Y / N / Don't Know
 2. Take any medication/Epipen taken for allergy symptoms? (List below.) Y / N / Don't Know
- h. Any anemia or blood disorders? Y / N / Don't Know

2. Have you had or do you currently have any of the following head-related conditions since your last physical:

- a. Concussion requiring a physician's evaluation? Y / N / Don't Know
 1. How often and when? (Answer below.)
- b. Memory loss or been knocked out? Y / N / Don't Know
- c. A seizure? Y / N / Don't Know
- d. Frequent or severe headaches? Y / N / Don't Know

3. Have you had or do you currently have any of the following heart-related conditions since your last physical:

- a. Chest pain? Y / N / Don't Know
- b. Heart murmur? Y / N / Don't Know
- c. High blood pressure or elevated cholesterol level? Y / N / Don't Know
- d. Restriction from sports for heart problems? Y / N / Don't Know
- e. Any family member or relative:
 1. Die of a heart problem before age 35? Y / N / Don't Know
 2. Die of a heart problem before age 50? Y / N / Don't Know
 3. Die with no known reason? Y / N / Don't Know
 4. Die while exercising? During or after? (Circle one.) Y / N / Don't Know
 5. With Marfan's Syndrome? Y / N / Don't Know

4. Have you had or do you currently have any of the following eye, ear, nose, mouth or throat conditions since your last physical:

- a. Vision problems? Y / N / Don't Know
 1. Wear contacts, eyeglasses or protective eye wear? (Circle which type.) Y / N / Don't Know
- b. Hearing loss or problems? Y / N / Don't Know
 1. Wear hearing aides or implants? Y / N / Don't Know
- c. Nasal fractures or frequent nose bleeds? Y / N / Don't Know
- d. Wear braces, retainer or protective mouth gear? Y / N / Don't Know
- e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? Y / N / Don't Know

5. Have you had or do you currently have any of the following neuromuscular/orthopedic conditions since your last physical:

- a. A burner, stinger or pinched nerve? Y / N / Don't Know
- b. A sprain? Y / N / Don't Know
- c. A strain? Y / N / Don't Know
- d. Swelling or pain in muscles, tendons, bones or joints? Y / N / Don't Know
- e. A dislocated joint(s)? Y / N / Don't Know
- f. Upper or lower back pain? Y / N / Don't Know

- g. Fracture(s) or stress fracture(s)? Y / N / Don't Know
- h. Do you wear any protective braces or equipment for any prior injury? Y / N / Don't Know

6. Have you had or do you currently have any of the following *general or exercise related conditions* since your last physical:

- a. Difficulty breathing? During Exercise? (Circle one.)
 - 1. After running one mile Y / N / Don't Know
 - 2. Coughing, wheezing or shortness of breathe in weather changes? Y / N / Don't Know
 - 3. Exercise-induced asthma Y / N / Don't Know
 - i. Controlled with medication? (List below.) Y / N / Don't Know
 - ii. Experience dizziness, passing out or fainting? Y / N / Don't Know
- b. Viral infections (e.g. mono, hepatitis)? Y / N / Don't Know
- c. Become tired more quickly than your friends? Y / N / Don't Know
- d. Any of the following skin conditions:
 - 1. Acne, contact dermatitis, ringworm, warts, herpes? Y / N / Don't Know
 - 2. Sun sensitivity? Y / N / Don't Know
- e. Weight gain/loss (greater than or less than 10 pounds)? Y / N / Don't Know
 - 1. Do you want to weigh more or less than you do now? Y / N / Don't Know
- f. Ever had feelings of depression? Y / N / Don't Know
- g. Heat-related problems (dehydration, dizziness, fatigue, headache)? Y / N / Don't Know
 - 1. Heat exhaustion (cool, clammy, damp skin)? Y / N / Don't Know
 - 2. Heat stroke (hot, red, dry skin)? Y / N / Don't Know

7. Females only:

Age of onset of menstruation: _____ Date of last Menstruation: _____
 Most number of days between menstruation cycle(s): _____

Explain all (yes) answers here (include relevant dates):

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

Parent/Guardian Signature: _____ Date: _____

Athletic Contract: I recognize my responsibilities if I tryout for the above sport. I realize that physical hazards may be encountered with my participation and I acknowledge that the possibility of injury always exists. I will make it a point to so govern myself that my connection with the sport will bring honor to it and the school and expect to be asked to withdraw from the team in case I do not. If extended the privilege, I shall :

- Train consistently as advised by the coach and refrain from the use of tobacco, alcohol and unprescribed or illegal drugs.
- Make a serious endeavor to keep up my studies.
- Abide by the rules and regulations of the department of athletics and the school district.
- Conduct myself at all times, whether home or away, in a manner that will bring only credit to my team and school.

Student Signature _____ Date _____

Parent/Guardian Consent: I hereby consent to allow my son/daughter to participate in the above sport sponsored at Lakeland Regional High School. I authorize that the school physician may examine my child's records and exchange information with the athletic trainer or coach.

I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, the potential for injury is inherent in all sports. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I/We acknowledge that I/We have read and understand this warning.

Parent/Guardian _____ Date _____