

PRE-PARTICIPATION - MEDICAL HISTORY

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY ACTIVITIES BEFORE, DURING OR AFTER SCHOOL.

This **PRE-PARTICIPATION MEDICAL HISTORY** form must be completed annually by parent (or guardian) and student in order for the student to participate in activities/athletics. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in school activities and/or athletic events.

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Address: _____

Phone: _____ Grade: _____

Previous School: _____

Personal Physician: _____ Phone : _____

In case of emergency, contact:

Name: _____ Relationship: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Explain any "Yes" answers in the box on page 2. Circle questions you don't know the answers to. Any Yes answer to questions 1 - 23 must be specifically addressed by the physician, physician assistant, or nurse practitioner performing the Physical Examination.**

| Condition or Medical Event | Yes | No | Condition or Medical Event | Yes | No |
|--|-----|----|---|-------------|---------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | | | 28. Have you had any problems with your eyes or vision? | | |
| 2. Have you been hospitalized overnight in the past year? | | | 30. Have you ever gotten unexpectedly short of breath with exercise? | | |
| 3. Have you ever had surgery? | | | 31. Do you have asthma? | | |
| 4. Have you ever passed out during or after exercise? | | | 32. Do you have seasonal allergies that require medical treatment? | | |
| 5. Have you ever had chest pain during or after exercise? | | | 33. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | | |
| 6. Do you get tired more quickly than your friends do during exercise? | | | 34. Have you ever had a sprain, strain, or swelling after injury? | | |
| 7. Have you ever had racing of your heart or skipped heartbeats? | | | 35. Have you broken or fractured any bones or dislocated any joints? | | |
| 8. Have you had high blood pressure or high cholesterol? | | | 36. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check and explain below. | | |
| 9. Have you ever been told you have a heart murmur? | | | ___ Head | ___ Elbow | ___ Hip |
| 10. Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | | | ___ Neck | ___ Forearm | ___ Thigh |
| 11. Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? | | | ___ Back | ___ Wrist | ___ Knee |
| 12. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | | | ___ Chest | ___ Hand | ___ Shin/Calf |
| 13. Has a physician ever denied or restricted your participation in sports for any heart problems? | | | ___ Shoulder | ___ Finger | ___ Ankle |
| 14. Have you ever had a head injury or concussion? | | | ___ Upper Arm | | ___ Foot |
| 15. Have you ever been knocked out, became unconscious, or lost your memory? If yes, how many times? _____ When was the last concussion? _____ | | | 37. Do you want to weigh more or less than you do now? | | |
| 16. How severe was each one? (Explain below**) | | | 38. Do you lose weight regularly to meet weight requirements for your sport? | | |
| 17. Have you ever had a seizure? | | | 39. Do you feel stressed out? | | |
| 18. Do you have frequent or severe headaches? | | | 40. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? | | |
| 19. Have you ever had numbness or tingling in your arms, hands, legs or feet? | | | <i>Females Only</i> | | |
| 20. Have you ever had a stinger, burner, or pinched nerve? | | | 41. When was your first menstrual period? | | |
| 21. Are you missing any paired organs? | | | 42. When was your most recent menstrual period? | | |
| 22. Are you under a doctor's care? | | | 43. How much time do you usually have from the start of one period to the start of another? | | |
| 23. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? | | | 44. How many periods have you had in the last year? | | |
| 24. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | | | 45. What was the longest time between periods in the last year? | | |
| 25. Have you ever been dizzy during or after exercise? | | | | | |
| 26. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | | | | | |
| 27. Have you ever become ill from exercising in the heat? | | | | | |

An individual answering "Yes" to any question relating to a possible cardiovascular health issue (question 4-13 above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

****EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):**

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It is understood that even though protective equipment is worn by the athlete, the possibility of an accident still remains. Neither the TCAL nor San Marcos Academy assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of SMA, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by San Marcos Academy.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____