

**Hatteco Sport and Performance Analysis
Medical History Form**

Name _____ Sex: M F Age: _____ Date _____

Person to Contact in Case of Emergency:

Name: _____ Relationship _____ Phone # _____

Is your child taking any Medications or Drugs (this includes Supplements)? Yes or No

What? _____

Describe your child's exercise program now:

Has your child now or have had in the past:

- | | |
|--|-----------|
| 1. History of heart problems, chest pain, or stroke | Yes or No |
| 2. Increased Blood Pressure | Yes or No |
| 3. Any chronic illness or condition | Yes or No |
| 4. Difficulty with physical exercise | Yes or No |
| 5. Advice from physician not to exercise | Yes or No |
| 6. Recent Surgery (last 12 months) | Yes or No |
| 7. ADD/ADHD | Yes or No |
| 8. History of breathing or lung problems | Yes or No |
| 9. Muscle, joint, or back disorder, or any previous injury | Yes or No |
| 10. Diabetes or thyroid condition | Yes or No |
| 11. Cigarette Smoking Habit | Yes or No |
| 12. Obesity (more than 20 percent over ideal body weight) | Yes or No |
| 13. Increased blood cholesterol | Yes or No |
| 14. History of heart problems in immediate family | Yes or No |
| 15. Hernia, or any condition that may be aggravated by lifting weights | Yes or No |
| 16. Please explain any yes answers below or any other medical-related issue that needs to be described (attach additional sheet if needed). | |

