Sports Participation Interim Questionnaire

Diablo Valley Pediatric Medical Group

The purpose of this form is an addendum to the previous Physical Exam or Sports Cardiovascular Screen in order to review any new or significant past health history information that has occurred **since the student's last Physical Examination**.

Interim Medical History (to be completed by student/parent/legal guardian)

Student's Name:_____

	YES	NO	
1.	☐	☐	Have you had any illness/injury which required you to see a healthcare provider?
2.	☐	☐	Have you had any recurrent illness?
3.	☐	☐	Were you hospitalized overnight?
4.	☐	☐	Did you have surgery?
5.	☐	☐	Have you had any injuries requiring treatment by a physician?
6.	☐	☐	Are you presently taking ANY medications, vitamins, or supplements?
7.	☐	☐	Have you had any chest pain, dizziness, fainting, passing out during or after exercise?
8.	☐	☐	Do you tire more easily or quickly during exercise?
9.	☐	☐	Do you have any problem with your blood pressure or heart?
10.	☐	☐	Have you had fainting, convulsions, seizures, or severe dizziness?
11.	☐	☐	Do you have frequent, severe headaches?
12.	☐	☐	Have you had a "stinger" or "burner" or "pinched nerve"?
13.	☐	☐	Have you been "knocked out", had a concussion, or other head injury?
14.	☐	☐	Have you had a neck or head injury?
15.	☐	☐	Have you had heat exhaustion or heat stroke?
16.	☐	☐	Have you had asthma, or trouble breathing, or cough during or after exercise?
17.	☐	☐	Have you had any problem with your eyes or vision?
18.	☐	☐	Have you had any injuries to your knee?
19.	☐	☐	Have you had any injuries to your ankle?
20.	☐	☐	Have you injured any other joint (shoulder, wrist, fingers, etc) or have loose joints?
21.	☐	☐	Have you had a broken bone (fracture)?
22.	☐	☐	Have any relatives had heart problems, heart attack, or sudden death?
23.	☐	☐	Do you have any medical concerns about participating in your sport?

Examiner's Comments on All "YES" Answers (refer to question number):

Date:_____ Parent/Guardian Signature:_____

Date:_____ Physician/NP Signature:_____