## PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

AVSICIAN REMINDERS Consider additional questions on more servisitive issues - by our lets it seeds of or under a lot of pressure? - by our over feel soft, hopelasis, depressed, or another? - by our over feel soft, hopelasis, depressed, or another? - by our own feel soft, hopelasis, depressed, or another? - by our own feel soft, hopelasis, depressed, or another? - by our own feel soft, hopelasis, depressed, or another? - by our own feel soft depressed your hour or received beloace, outf, or dip? - by our diffic about or use any other there of the output of the control of the output of the output of the control of the output of the outp	Date of birth
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on of physician (printflying)	able to the school at the request of the parents. If condi-
me of physician (print/type)	Date
dress	Phone

## PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Modelines and Allergies: Please list all of the prescription and over-the-countor medicines and supplements thereford and nutritional; that you are currently taking medicines and supplements thereford and nutritional; that you are currently taking medicines and supplements thereford and nutritional; that you are currently taking a company allorgies?   'Yes   No If you, please identify specific attempts, but you are currently taking a company and and the company and and thousand the analysis of the company and and thousand the company and and the company and and thousand the company and and thousand the company and and thousand the company and and the	Date of Exam							
Medicines and Allergies: Plasse list all of the prescription and over-the-counter medicines and supplements (herbital and nutritional) that you are currently taking with the prescription and over-the-counter medicines and supplements (herbital and nutritional) that you are currently taking but have any aftergies?   No if yes, please identify specific allergy below.   Food   Stinging Insects   Stinging Insects	Name					Date of birth		
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and autritional) that you are currently taking which is a possible of the prescription and over-the-counter medicines and supplements (herbal and autritional) that you are currently taking which was a prescription and over-the-counter medicines and supplements (herbal and autritional) that you have say allergies?   Visc   No   Yes, please identity specific allergy below.   Flood   Singing insects      Singing insects   Visc   No   No   No   No   No   No   No   N	Sex	. Age	Grade S	School _		Sport(s)		
Medicines   Pollens   Food   Singing Insects	Medicines a	nd Allergies: P	lease list all of the prescription and o	ver-the-c	ounter	medicines and supplements (herbal and nutritional) that you are currentl	y taking	
Medicines   Pollens   Food   Singing Insects								
Subject "Answers below, Circle questions you don't know the answers to, GENERAL QUESTIONS  Tes No I. Has a doctor ever derical or restricted your participation in sports for any restorior.  2. Do you have any employing medical conditions? If so, please identify the electron of their any restorior.  3. Have you were spent the night in the hospitat?  4. Have you ever the disconstruct, and it glightness, or pressure in your cheet during users of the electron of their any own were passed and or nearly passed out OURING or AFTPIR execution.  5. Have you were passed and or nearly passed out OURING or AFTPIR execution.  6. Have you ever their disconstruct, poin, lightness, or pressure in your cheet during exercise?  7. Does your heart ever rate or electronic problems? If so, check will have a short ever ordered a test for your heart ever rate or electronic problems?  8. Have a doctor ever ordered a test for your heart or ever ordered a test for your heart ever rate or electronic problems?  9. Have a doctor ever ordered a test for your heart ever rate or electronic problems?  9. Have a doctor ever ordered a test for your heart ever rate or electronic problems?  9. Have a doctor ever ordered a test for your heart ever rate or electronic problems?  9. Have a doctor ever ordered a test for your heart ever rate or electronic problems?  9. Have a doctor ever ordered a test for your heart ever rate or electronic problems?  9. Have a doctor ever ordered a test for your heart ever rate or electronic problems?  9. Have a doctor ever ordered a test for your heart ever rate or explained and the problems of				dentify s	ecific a	allergy below.		
GENERAL QUESTIONS  1. Has a doctor ever desired or restricted your participation in eports for way reason? 2. Do you know any requelling medical conditions? If so, please identify way restricted your participation in eports for way reason? 2. The you way seem that eight in the hospita?  2. Have you way spent the right in the hospita?  4. Have you way spent the right in the hospita?  4. Have you way spent the right in the hospita?  5. Have you way spent the right in the hospita?  5. Have you way posed dut or nearly passed and DURING or AFTER exercise.  6. Have you were passed dut or nearly passed and DURING or AFTER exercise.  6. Have you were passed dut or nearly passed out DURING or AFTER exercise.  7. Does you men't had disconstant, pabl, fightness, or pressure in your check during accross?  8. Have a doctor ever toll you that you have any heart problems? If so, check of that apoly.  9. Have a doctor ever toll you that your heart? (For example, ECOREK), and the supplementation of the passed way to example the supplementation of the supplem	Li Medicines	i 	☐ Pollens			☐ Food ☐ Stinging Insects		
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any reason?  Les you have any ongoing medical conditions? If so, please identity below. If a status any ongoing medical conditions? If so, please identity below. If status any one or speak the elight in the inapitat?  4. Have you ever treat surger?  4. Have you ever peak the elight in the inapitat?  4. Have you ever peak the elight in the inapitat?  4. Have you ever peak the elight in the inapitat?  5. Have you ever peaked out or nearly passed out DURING or AFTER exercise?  6. Have you ever passed out or nearly passed out DURING or AFTER exercise?  6. Have you ever passed out or nearly passed out DURING or AFTER exercise?  7. Does your heart ever race or skylb beats (propalar beats) during outcrise?  6. Have you ever the disconnior, pain, tightness, or pressure in your cleast during exercise?  7. Does your heart ever race or skylb beats (propalar beats) during outcrise?  8. Have a doctor or or skylb beats (propalar beats) during outcrise?  9. Have a doctor or or defend or short of breath then expected during exercise?  9. Have a doctor over ordered a test for your heart? (For exampte, EDGFKQ, echocatiograms)  1. Have you ever had an unexplained existure?  2. Do you put more listed or short of breath more quickly than your friends during exercise?  2. Do you put more listed or short of breath more quickly than your friends during exercise?  3. Bear synone in your family have a heart problem; pacemaker, or mighland existing exercise?  4. Have you ever had an unexplained existing exercise in your part family have a heart of breath then expected during exercise?  5. Does anywor in your family have a heart problem, pacemaker, or mighland existing exercise in your part family have a heart problem, pacemaker, or mighland existing exercise in your family have a heart problem, pacemaker, or mighland existing exercise in your family have a heart problem, pacemaker, or mighland existing exercise in your family have a heart problem, pacemaker, or mighland existing exercise in your family have a heart problem, pacemaker, or	GENERAL QUES	TIONS		Yes	No	MEDICAL QUESTIONS	Yes	N
below: Ashma   Genia   Dibetes   Infractions   Shave you were you were you were passed out to risk in the hospital?  3. Have you were had surgery?  **EART HEALTH QUESTIONS ABOUT YOU  Yes No 5. Have you were passed out or nearly passed out DURING or AFTER excessed?  6. Have you were passed out or nearly passed out DURING or AFTER excessed?  6. Have you were passed out or nearly passed out DURING or AFTER excessed?  7. Does you need the discondard, pain, tighthreas or pressure in your check during excessed?  7. Does you need the discondard, pain, tighthreas or pressure in your check during excessed?  8. Have you were the discondard, pain, tighthreas or pressure in your check during excessed?  9. Have a doctor over ordered a test for your heart finesition  9. Has a doctor over ordered a test for your heart? (For example, ECGEKG, and hospital) or you put fineshed with pressure   A heart infraction   Yes   Yes			estricted your participation in sports for			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		<del> </del>
Other:  4. Have you ever had surgery?  4. Have you ever had surgery?  5. Have you ever had surgery?  5. Have you ever had surgery?  6. Have you ever had surgery?  7. So Do you have group shad out on early passed out DURING or AFTER exercisor?  7. Have you ever had discontrort, pain, tiphthess, or pressure in your cheet during exercise?  8. Have you ever had discontrort, pain, tiphthess, or pressure in your cheet during exercise?  8. Have you ever had discontrort, pain, tiphthess, or pressure in your cheet during exercise?  9. Has a dector ever tool you that you have any heart problems?  9. Has a dector ever tool you that you have any heart problems?  9. Has a dector ever ordered a test for your heart? (For example, ECCUEKG, extended disease)  10. Do you part lightheaded or feel man short of breath than expected during exercise?  11. Have you ever had an unexplained exaction.  12. Live you ever had an unexplained subdance according to a coldent interview didd of heart problems or had an unexplained subdance according to a coldent interview didd of heart problems or had an unexplained sudden death birdre sage 50 (naturality orders).  12. Do you get the same or relative didd of heart problems or had an unexplained sudden death birdre sage 50 (naturality orders).  13. Have you ever had an unexplained sudden death birdre sage 50 (naturality orders).  14. Have you ever had an unexplained sudden death birdre sage 50 (naturality orders).  15. Do you get the same or death to the safe thyrothema or had an unexplained sudden death birdre sage 50 (naturality orders).  16. Have you ever had an unexplained sudden death birdre sage 50 (naturality orders).  17. Do you were you had any problems with your eyes or vision?  18. Have you ever had an unexplained sudden death birdre sage 50 (naturality orders).  18. Have you ever had an unexplained sudden death birdre sage 50 (naturality orders).  18. Have you ever had an unexplained sudden death birdre sage 50 (naturality orders).  18. Have you ever had an unexplained sudden death b	2. Do you have	алу ongoing me	dical conditions? If so, please identify		İ	27. Have you ever used an inhaler or taken asthma medicine?		T
3. Have you ever spent the night in the hospital?  4. Have you ever had surgery?  5. Have you ever passed out or nearly passed out DURING or AFTEH exercises?  6. Have you ever passed out or nearly passed out DURING or AFTEH exercises?  6. Have you ever passed out or nearly passed out DURING or AFTEH exercises?  6. Have you ever had discomfort, pain, tightness, or pressure in your check dith that ever race or skip beats (pregular beats) during exercise?  6. Have you ever thad (scomfort, pain, tightness, or pressure in your check dith that tappy:    High shod pressure   A heart infection     Ravaseald disease   Other:     Share a door ever ordered a lest for your heart? (For example, EGGERG, or light passed or relative disease)     Du you get it ightheaded or feel more short of breath then expected during exercise?  1. Have you ever had an unexplained or an unexplained selection and the hore yea go is possible to make you ever had an unexplained or an unexplained or an early interest more quickly than your friends during exercise?  1. Have you ever had an unexplained or an unexplained or an unexplained or an unexplained or an accident, or euddon infant death suprovemen?  4. Have you ever had an unexplained or an accident, or euddon infant death suprovemen?  4. Have you ever had an unexplained care accident, or euddon infant death suprovemen?  4. Have you ever had an unexplained care accident, or euddon infant death suprovemen?  5. Does anyone in your family have a heart problem, pacemaker, or implained definition, unexplained care accident, or euddon infant death suprovemen?  5. Does anyone in your family have a heart problem, pacemaker, or implained definition?  6. Have you ever had an injury that frequired x-rays, RIK, Cf scin, injections, bearing, a trace for other of the other of electron pacemaker, or implained definition or financine of electron pacemaker, or implained definition or financine or electron pacemaker, or a game?  5. Have you ever he dat an injury that frequired x-rays, RIK, Cf scin, injections		Asthma 🛮 And	emia 🛘 Diabetes 🗀 Infections					
HEART HEALTH QUESTIONS ABOUT YOU  Yes No 5. Have you ever passed out or nearly passed out DURING or ATTER executes? 6. Have you ever passed out or nearly passed out DURING or Characterized government ever race or skip beats grangual repeats) during exercise? 7. Does your interest ever race or skip beats grangual repeats) during exercise? 7. Does your interest ever race or skip beats grangual repeats) during exercise? 8. Have you ever had disconfort, pain, tightness, or pressure in your check during over race or skip beats grangual repeats) during exercise? 9. Has a doubter ever race or skip beats grangual repeats) during exercise? 9. Has a doubter ever race or skip beats grangual repeats) during exercise? 9. Has a doubter ever race or dear but my our heart? (For example, EGG/EKG, ecclosordiogram) 10. Do you get lightnessed or feel more short of breath then expected during exercise? 11. Have you ever had an unexplained selzure? 12. Do you get more titred or short of breath more quickly than your friends during exercise? 13. Have you ever head an unexplained selzure? 14. Have you ever head an unexplained selzure? 15. In have you ever head an unexplained selzure? 16. Have you ever head an unexplained selzure? 17. Does you get more titred or short of breath more quickly than your friends during exercise? 18. Have you ever head an unexplained selzure? 19. Does anymone in unexplained selzure? 19. Have you ever head an unexplained selzure? 20. Does anymone in unexplained selzure? 21. Have you ever head unexplained selzure? 22. Does anymone in your family have sike of the fault of selzure deal there are possible of the self problems or had an unexpected or of syndrome, short Off syndrome, Protectorial ecardiomynapathy, Marian syndrome, stort Off syndrome, Protectorial everymoush your family have sike cell trait or dise						29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
5. Have you ever passed out or nearly passed out DURING or AFTRE exercises?  All the exercises?  5. Have you ever had discontiont, pain, bightness, or pressure in your chest during exercise?  5. Have you ever had discontiont, pain, bightness, or pressure in your chest during exercise?  5. Have you ever had discontiont, pain, bightness, or pressure in your chest during exercise?  5. Have you ever had discontiont, pain, bightness, or pressure in your check all that apply.  6. Have you ever had on head bight or concussion?  5. Have you ever had be a bight or charge?  6. Have you ever had on head bight or concussion?  5. Have you ever had be a bight or disting?  7. A heart intention  8. Have you ever had on head bight or concussion?  9. Has a doctor ever ordered a test for your heart? (for example, ECCIEKG, or heart you ever had not unexplained deared.)  9. Has a doctor ever ordered a test for your heart? (for example, ECCIEKG, or heart you ever had not unexplained seizure?  1. Have you ever had an unexplained seizure?  2. Do you der time fired or short of breath then expected during exercise?  1. Have you ever had an unexplained seizure?  4. Law you ever had not unexplained seizure?  2. Do you get frequently sucked and seath before age 50 (including drowning, unexplained car accident, or sudged stridard example property including exercises?  4. Have you ever had many the property-thic cardiomyopathy, Martina syndrom, an hybringeries in your family have a heart problem, pacemaker, or implanted detibrilistor?  5. Does anyone in your family have a heart problem, pacemaker, or implanted detibrilistor?  6. Leve you ever had an injury to a bone, muscle, ligament, or tendon that ceased you to miss a practice or a game?  7. Leve you ever had an injury to a bone, muscle, ligament, or tendon that example on the property that required x-rays, MN, LT scan, injections, therapy, a reactive bone as a cisiocated pintes?  8. Have you ever had an injury to a bone, muscle, ligament, or tendon that easted you to miss a practice or a							1	
AFTER exercises?  1. A have you ever had discomfart, pain, bightness, or pressure in your chest during exercise? or beart ever race or skip beats (grogular beats) during exercise?  2. Does your heart ever race or skip beats (grogular beats) during exercise?  2. Has a dotter or fold you that you have any heart problems? If so, check at that apply:  2. High blood pressure  3. Have you ever had a heart problems? If so, the check at the paper.  3. Have you ever had a heart problems?  3. Have you ever had a numery problems?  3. Have you ever had an unexplained solder.  4. Have you ever had an unexplained solder for short of breath more quickly than your friends during exercise?  4. Do you get frequent muscle cramps when exercising?  4. Have you ever had an unexplained solder for short of breath more quickly than your friends during exercise?  4. Do you get frequent muscle cramps when exercising?  4. Have you ever had an unexplained solder death before age 50 (including frowning, unexplained a solder death before age 50 (including frowning, unexplained a solder death before age 50 (including frowning, unexplained as under the death governone)?  4. Do you were year you were had an unexplained solder death before age 50 (including frowning, unexplained as under the problems or had an unexplained solder death before age 50 (including frowning, unexplained as under the problems or had an unexplained solder death before age 50 (including frowning, unexplained as under the problems or had an unexplained solder death before age 50 (including frowning, unexplained as under the problems or had an unexplained solder death before age 50 (including frowning, unexplained as under the problems or had an unexplained solder death before age 50 (including frowning, unexplained aso				Yes	No			
6. Have you ever had discontort, pain, tightness, or pressure in your  7. Does your heard rever race or skip beats (progular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, chock at that apply:    High blood pressure   A heart murmur    High clostesterid   A heart infection     Chemical selection   A heart infection     High clostesterid   High clostesterid     High clostesterid   High clostesterid	5. Have you ev	er passed out or : :ise?	nearly passed out DURING or					
chest during exercise?  3. Has a doctor ever told you that you have any heart problems? If so, check at that apply.  4. High blood pressure   A heart murmur   High cholesterol   A heart infection   A heart infection   A heart infection   A heart infection   But the head that caused confusion, prolonged headers, or ememy problems?  5. Have you do pressure   A heart infection   A heart infection   But the head that caused confusion, prolonged headers, or ememory problems?  5. Have you do pressure   A heart infection   A heart infection   But the head that caused confusion, prolonged headers, or ememory problems?  5. Have you do pressure   A heart infection   But the head that caused confusion, or ever ordered a test for your hear? (For example, ECG/EKG, ecliocardiogram)  6. How you do the failing?  7. Have you ever had an unexplained selzure?  7. Lave you ever had an unexplained selzure?  8. Have you ever had an unexplained selzure?  8. Have you ever had an unexplained selzure?  9. Do you get more tifed or short of breath more quickly than your friends during exercise?  9. Lave you ever had an unexplained selzure?  9. Do you get more tifed or short of breath more quickly than your friends during exercise?  9. Lave you ever had an unexplained selzure?  9. Do you get more tifed or short of breath more quickly than your friends during exercise?  9. Lave you ever had an unexplained dearly for exemption to the exercising?  9. Lave you ever had an injust fail to the late of the exercising in the heat?  9. Do you friend that possible to exercise with exercising in the heat?  9. Do you friend that possible to exercise with exercising in the heat?  9. Do you are possible to exercise with exercising in the heat?  9. Do you are possible to exercise with exercising in the heat?  9. Do you are possible to exercise with exercising in the heat?  9. Do you are possible to exercise with exercising in the heat?  9. Do you are possible to exercise with exercising in the heat?  9. Do you are possible to exercise with exercising in t			t, pain, tightness, or pressure in your	<del>-</del>	<del> </del>			
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5. These a doubter ever to got that you have any heart problems? It so, check at that apply:    High blood pressure   A heart murmur   High clotesterol   A heart infection     Kawasaki disease   Other:   A heart infection     Sawasaki disease   Other:   A heart infection     Cawasaki disease   Other:   A heart murmur     Chick of the control of				?		prolonged headache, or memory problems?		
High blood pressure	8. Has a doctor check all tha	ever told you that tannle	it you have any heart problems? If so,	8	1			$\vdash$
Kawasaki disease Other:			☐ A heart murmur	Ì	1			
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echecardiogram)  10. Do you get lightheaded or feel more short of breath than expected during exercise?  11. Have you ever had an unexplained seizure?  22. Do you get more tired or short of breath more quickly than your friends during exercise?  23. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowring), unexplained car accident, or sudden infrart death syndrome)?  43. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowring), unexplained car accident, or sudden infrart death syndrome)?  44. Do you wear glasses or contact lenses?  45. Do you wear protective eyewear, such as goggles or a face shield?  46. Do you wear protective eyewear, such as goggles or a face shield?  47. Do you wear protective eyewear, such as goggles or a face shield?  47. Do you wear protective eyewear, such as goggles or a face shield?  47. Do you wear protective eyewear, such as goggles or a face shield?  47. Do you wear protective eyewear, such as goggles or a face shield?  48. Are you on a special diet or do you avoid certain types of foods?  59. Deas anyone in your family have a heart problem, pacemaker, or implanted definitiator?  51. Do you have any concerns that you would like to discuss with a doctor?  51. Do you have any concerns that you would like to discuss with a doctor?  51. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  52. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  53. How you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  54. How you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  54. How you ever been told that you have or have	•					38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
during exercise?  1. Have you ever had an unexplained seizure? 2. Do you get more tired or short of breath more quickly than your friends during exercise?  43. Have you had any problems with your eyes or vision?  44. Have you had any problems with your eyes or vision?  44. Have you had any problems with your eyes or vision?  45. Do you wear glasses or contact tenses?  46. Do you wear glasses or contact tenses?  47. Do you wear glasses or contact tenses?  48. Are you thad any eye injuries?  49. Does anyone in your family have hypertruphic cardiomyopathy, Marfan syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  49. Are you urying to or has anyone recommended that you gain or foss weight?  40. Are you urying to or has anyone recommended that you gain or foss weight?  41. Do you wear glasses or contact tenses?  42. Do you wear glasses or contact tenses?  43. Have you wear protective eyewear, such as goggles or a face shield?  45. Do you wear glasses or contact tenses?  46. Do you wear protective eyewear, such as goggles or a face shield?  47. Do you wear protective eyewear, such as goggles or a face shield?  48. Are you trying to or has anyone recommended that you gain or foss weight?  49. Are you on a special diet or do you avoid certain types of foods?  50. Have you ever had an eating disorder?  51. Do you have any concerns that you would like to discuss with a doctor?  FEMALES ONLY  52. Have you ever had an menstrual period?  53. How old were you when you had your first menstrual period?  54. Do you have any concerns that you would like to discuss with a doctor?  FEMALES ONLY  55. Do you have any concerns that you would like to discuss with a doctor?  FEMALES ONLY  56. How many periods have you had in the last 12 months?  57. Have you ever had an injury to a tone, a cast, or crutches?  58. How many periods have you had in the last 12 months?  59. Have you ever had a stress fracture?  59. Have you ever had an an eating disorder?  50. Have you ever had an nea	<ol> <li>Has a doctor echocardiogr</li> </ol>	ever ordered a te am)				39. Have you ever been unable to move your arms or legs after being hit or falling?		
1. Have you ever had an unexplained seizure? 2. Do you get more tired or short of breath more quickly than your friends during exercises? 2. Do you get more tired or short of breath more quickly than your friends during exercises? 3. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 4. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 6. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 6. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 6. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 6. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 6. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 7. Have you ever had an injury to a bone, muscle, ligament, or tendon fract acused you to miss a practice or a game? 7. Have you ever had an injury that required x-rays, MNI, CT scan, injections, therapy, a brace, a cast, or crutches? 7. Have you ever had a stress fracture? 7. Have you ever had a stress fracture? 8. How many periods have you had in the last 12 months? 8. Have you ever had an injury that required x-rays, MNI, CT scan, injections, therapy, a brace, a cast, or crutches? 9. Have you ever had a stress fracture? 9. Have you ever had a stress fracture? 9. Do you regularly use a brace, or inith liqury that bothers you? 9. Do you regularly use a brace, or inith liqury that bothers you? 9. Do you regularly use a brace, or inith liqury that bothers you? 9. Do you regularly use a brace, or inith liqury that bothers you? 9. Do you	O. Do you get li	ghtheaded or feel	more short of breath than expected	1	<u> </u>	40. Have you ever become ill while exercising in the heat?		
2. Do you get more tired or short of breath more quickly than your friends during exercise?  EART HEALTH QUESTIONS ABOUT YOUR FAMILY  A. Have you had any problems with your eyes or vision?  4. Have you had any problems with your eyes or vision?  4. Have you had any problems with your eyes or vision?  4. Have you had any problems or a face shield?  4. Have you had any problems with your eyes or vision?  4. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular cardiomyopathy, long OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tackpardia?  5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  6. Hasa anyone in your family had unexplained fainting, unexplained selzures, or near drowning?  7. Have you ever had an injury to a bone, muscle, ligament, or tendon fast eaused you to miss a practice or a game?  8. Have you ever had an injury that required x-rays, MNI, CT sean, rijections, therapy, a brace, a cast, or ordthes?  9. Have you ever had an injury that required x-rays, MNI, CT sean, rijections, therapy, a brace, a cast, or ordthes?  10. Do you had any problems with your eyes or vision?  44. Have you had any problems with your eyes or vision?  45. Do you wear protective eyewar, such as goggles or a face shield?  46. Do you wear protective eyewar, such as goggles or a face shield?  47. Do you worry about your weight?  48. Are you urying to or has anylone recommended that you gain or tose weight?  49. Are you on a special diet or do you avoid certain types of foods?  50. Have you ever had an eating disorder?  51. How you ever had an minigury bat doctor?  52. Have you wear had an injury to a bone, muscle, ligament, or tendon fast ease you were you wear you had in the last 12 months?  Explain "yes" answers here  Explain "yes" answers here			ing or ingree			1 - · · · · · · · · · · · · · · · · · ·		
### REATH HEALTH QUESTIONS ABOUT YOUR FAMILY  ### A Have you had any ye injuries?  ### 4. Do you wear glasses or contact lenses?  ### 5. Do you wear glasses or contact lenses?  ### 5. Do you wear glasses or contact lenses?  ### 5. Do you wear glasses or contact lenses?  ### 5. Do you wear glasses or cont		<del></del>		<del> </del>	-			
## HALTH QUESTIONS ABOUT YOUR FAMILY  Yes No  145. Do you wear glasses or contact lenses?  46. Do you wear glasses or contact lenses?  46. Do you wear protective eyewear, such as goggles or a face shield?  47. Do you wear protective eyewear, such as goggles or a face shield?  47. Do you wear protective eyewear, such as goggles or a face shield?  47. Do you wear protective eyewear, such as goggles or a face shield?  48. Are you rying to or has anyone recommended that you gain or sown or special diet or do you avoid certain types of foods?  59. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  50. Does anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  50. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  50. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  51. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  52. Have you ever had a stress fracture?  53. Have you ever had a stress fracture?  54. How many periods have you had in the last 12 months?  55. Have you ever had a stress fracture?  56. How any periods have you had in the last 12 months?  57. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  58. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  59. Have you ever had an injury that required w-rays, device?  50. Do you have a bone, muscle, or other assistive device?  51. Do you have a bone, muscle, or other assistive device?  52. How odd were you when you had your first menstrual period?  59. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  50. Do you have a bone, muscle, or joint injury that bothers you?  50. Do you have a bone, muscle, or join	during exerci	se?			i e		<u> </u>	
3. Has any talling tember or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  4. Does anyone in your family have hypertrophic cardiomyopathy, flong OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  7. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  8. Have you ever had an injury to a tone, muscle, ligament, or tendon injections, therapy, a brace, a cast, or crutches?  9. Have you ever had an injury that required x-rays, MRI, CT sean, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had an injury that required x-rays, MRI, CT sean, injections, therapy, a brace, or other assitive device?  9. Have you ever had an brace, or other assitive device?  10. Do you have a bone, muscle, or joint injury that bothers you?  11. Do you have a bone, muscle, or joint injury that bothers you?  12. Do you have a bone, muscle, or joint injury that bothers you?  13. Do you have a bone, muscle, or joint injury that bothers you?				Yes	No			_
drowning, unexplained car accident, or sudden infant death syndrome)?  4. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Iong OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  7. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  8. Have you ever had any broken or fractured bones or dislocated joints?  9. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had an stress fracture?  1. Have you ever had an stress fracture?  2. Do you regularly use a brace, orthotics, or other assistive device?  3. Do you have a bone, muscle, or joint injury that bothers you?  4. Do you rory about your yabout your weight?  4. Are you tyring to or has anyone recommended that you gain or tose weight?  4. Are you tyring to or has anyone recommended that you avoid certain types of foods?  5. De anyor family have a heart problem, pacemaker, or injections anyor fractured fainting, unexplained  5. Do you have a bone, muscle, or joint injury that bothers you?  4. Are you tyring to or has anyone recommended that you avoid certain types of foods?  5. Have you ever had an eating disorder?  5. Do you have any concerns that you would like to discuss with a doctor?  FEMALES ONLY  5. Have you ever had a menstrual period?  5. How many periods have you had in the last 12 months?  Explain "yes" answers here  Explain "yes" answers here	13. Has any family member or relative died of heart problems or had an							
4. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  6. Has anyone in your family had unexplained fainting, unexplained seizures, or or are drowning?  7. Have you ever had a minjury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  8. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or orutches?  9. Have you ever had a stress fracture?  1. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or orutches?  9. Have you ever had a stress fracture?  1. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or orutches?  9. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or orutches?  9. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or orutches?  9. Lave you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or orutches?  9. Do you regularly use a brace, orthotics, or other assistive device?  9. Do you regularly use a brace, orthotics, or other assistive device?  9. Do you have a bone, muscle, or joint injury that bothers you?  1. Do any of your joints become painful, swollen, feel warm, or look red?	drowning, un	explained car acc	uden deam before age 50 (including ident, or sudden infant death syndrome)?				├─-┤	—
polymorphic ventricular tachycardia?  5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  6. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  8. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  8. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  9. Have you ever had a stress fracture?  1. Have you ever had a stress fracture?  1. Have you ever had a stress fracture?  2. Do you regularly use a brace, or other assistive device?  3. Do you have a bone, muscle, or joint injury that bothers you?  4. Do any of your joints become painful, swollen, feel warm, or look red?	<ol> <li>Does anyone syndrome, ar</li> </ol>	in your family ha rhythmodenic rid	ve hypertrophic cardiomyopathy, Marfan ht ventricular cardiomyopathy, long OT			48. Are you trying to or has anyone recommended that you gain or		
5. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  5. No		e, short QT syndrome, Brugada syndrome, or catec				49. Are you on a special diet or do you avoid certain types of foods?		
implanted defibrillator? 6. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  ONE AND JOINT QUESTIONS 7. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 8. Have you ever had any broken or fractured bones or dislocated joints? 9. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 0. Have you ever had a stress fracture? 1. Have you ever had a stress fracture? 1. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 2. Do you negularly use a brace, orthotics, or other assistive device? 3. Do you have a bone, muscle, or joint injury that bothers you? 4. Do any of your joints become painful, swollen, feel warm, or fook red?				-		50. Have you ever had an eating disorder?		
seizures, or near drowning?  ONE AND JOINT QUESTIONS  7. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  3. Have you ever had any broken or fractured bones or dislocated joints?  3. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  3. Have you ever had a stress fracture?  4. Have you ever had a stress fracture?  5. Have you ever had a stress fracture?  5. Do you regularly use a brace, or other assistive device?  5. Do you have a bone, muscle, or joint injury that bothers you?  5. Do any of your joints become painful, swollen, feel warm, or look red?	implanted det	fibrillator?						
ONE AND JOINT QUESTIONS  7. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  8. Have you ever had any broken or fractured bones or dislocated joints?  9. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  1. Have you ever had a stress fracture?  1. Have you ever been told that you have or have you had an x-ray for neck instability or attantoaxial instability? (Down syndrome or dwarfism)  2. Do you regularly use a brace, or thotics, or other assistive device?  8. Do you have a bone, muscle, or joint injury that bothers you?  1. Oo any of your joints become painful, swollen, feel warm, or look red?	<ol> <li>Has anyone in seizures, or n</li> </ol>	n your family had ear drowning?	unexplained fainting, unexplained				-	- 0
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F. Do any of your joints become painful, swollen, feel warm, or look red?	2. Do you regula	rly use a brace, o	rthotics, or other assistive device?					
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Do you have any history of invenile arthritis or connective tienus diseases								
ereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.								