

Questionnaire For Participation In Varsity Sports

Name: _____ Date: _____

DOB _____ Local / Cell Phone: _____ Sport _____

****PLEASE NOTE: All Questions must be answered completely. All questions answered with a “yes” must include an explanation. Incomplete questionnaires will be returned and will cause a delay in your clearance for the participation in varsity sports.**

BP _____ Pulse _____ Date/Initials _____

MEDICAL HISTORY

1. Are you allergic to any of the following? (Circle all that apply) YES NO
Medicines, insect stings, foods or other.

What type of a reaction do you have? (Ex: rash, hives, difficulty breathing)

Do you have an Epi-Pen? YES NO

2. Are you currently taking any prescription medicines, over the counter medicines, supplements or performance enhancers? YES NO
If yes, list:

3. Are you **presently** being treated by a physician or other health professional? YES NO
If yes, by whom and for what condition?

4. Do you have any of the following conditions? Circle all that apply. YES NO
Bleeding Disorders, High Blood Pressure, Diabetes, Epilepsy or Seizures, Sickle Cell Anemia, Hernia/Repair, Marfan’s Syndrome, Eating Disorder?

5. Do you ever cough, wheeze, experience chest pain or feel short of breath when you exercise or in cold weather? YES NO

Do you have asthma? YES NO

If yes, do you use an inhaler or other medication? YES NO
List:

6. Do you currently have or have had in the past, any skin problems such as **boils, sores rashes or staph infections** or been treated for **MRSA**? YES NO

If yes, explain with dates, include any treatment or medications.

7. Have you had any of the following within the last year? YES NO

Serious illness (such as **mono**)? Emergency room visits? Hospitalizations? (Circle all that apply)

If yes, explain, give dates, (month, year)

8. Have you ever been knocked out, unconscious, or had a concussion? (circle all that apply) YES NO

Number of **Diagnosed** Concussions _____

Explain with date (month/ year) _____

Did you have a CAT Scan? YES NO Were the results normal? YES NO

9. Have you ever had a **Heart Murmur? Heart Disease? Irregular Heart Beat?** YES NO

If yes, have you been seen by a cardiologist? Date seen _____ YES NO

Have you had an echocardiogram? (Ultrasound of Heart) Date of Echo _____ YES NO

****An echocardiogram or a note from your cardiologist or physician stating that you may participate in varsity sports is required for all athletes with heart murmurs. This information should be sent to Health Service. If you have previously sent this information it is not necessary to submit it again.**

INJURY HISTORY

1. List any injury that you have had **within the past year** which has kept you out of regular activity. **Be specific.**

<u>Injured Area</u>	<u>Type of Injury</u>	<u>Month & Year</u>	<u>Were You Cleared To Return To Sports? By Whom?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you have any other conditions which affect your health, strength or endurance? YES NO
Explain _____

FAMILY HISTORY

Has any close family member suffered from any of the following? (mother, father, grandparents, brother or sister)

Heart attack before the age of 50? High blood pressure? High Cholesterol?, Aneurysms? YES NO
Sudden death? Other cardiovascular problems? (Circle all that apply, list family member and age of onset.)

Men:

Do you have an undescended testicle? or loss of or damaged testicle? Explain YES NO

Women:

Do you have irregular or absent periods? Explain YES NO

I have answered the above questions accurately and to the best of my knowledge.

I understand that it is my responsibility to report any serious illnesses or any injuries that occur prior to and/or during the sport's season to the Athletic Department and Health Service. I may be required to obtain a note from my physician to participate in the sports' program.

Student Signature _____

Date _____