

**SPORTS PARTICIPATION FORM / UPDATED HISTORY**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

Please list all sports you may participate in over the next 12 months: \_\_\_\_\_  
 \_\_\_\_\_

	YES	NO
Have you ever been dizzy or passed out during or after exercise?	_____	_____
Do you ever get funny heart beats?	_____	_____
Do you ever have extreme shortness of breath with exercise?	_____	_____
Do you ever have pain or pressure in your chest with exercise?	_____	_____
Has a doctor ever told you that you have high blood pressure, a heart murmur, or a heart infection?	_____	_____
Are there any family members who died of heart problems before age 50?	_____	_____
Are there any family members who had unexpected, unexplained death before age 50 (include SIDS, car accident, drowning, others)	_____	_____
Are there any family members with an irregular heart beat or pacemaker?	_____	_____

In the past year have you had any injuries?	_____	_____	If yes, please list: _____ _____ _____
In the past year have you been hospitalized or had surgery?	_____	_____	If yes, please list: _____ _____ _____
Have you ever had a seizure?	_____	_____	
Have you ever had a concussion?	_____	_____	If yes, when: _____
Do you have asthma?	_____	_____	If yes, when: _____
Do you take any medications?	_____	_____	If yes, please list: _____ _____ _____
Are you allergic to any medications?	_____	_____	If yes, please list: _____ _____

**FOR GIRLS:**

At what age did you have your first period? \_\_\_\_\_  
 How often do you usually have a period? \_\_\_\_\_  
 In the last year what is the longest time you have gone between periods? \_\_\_\_\_  
 How long do your periods usually last? \_\_\_\_\_

SIGNATURE OF PATIENT OR PARENT \_\_\_\_\_ DATE \_\_\_\_\_