

**PHYSICAL ACTIVITY FORM**

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?	_____	_____
Have you ever been diagnosed with COVID-19?	_____	_____

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? \_\_\_\_\_ If yes, when: \_\_\_\_\_

Have you ever had a concussion? \_\_\_\_\_ If yes, when: \_\_\_\_\_

Do you have asthma? \_\_\_\_\_

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 \_\_\_\_\_