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Pre-Participation Physical Evaluation – Supplemental History Form

To clarify your medical history, and assist our physicians in evaluating your physical condition, we ask that you answer the following questions:

1. Do you have an ongoing medical condition (like diabetes or asthma): Yes/No

If you answered yes, please provide details: _____

2. Do you have allergies to medicines, pollens, foods, or stinging insects: Yes/No

If you answered yes, please provide details: _____

3. Have you ever passed out or nearly passed out DURING or AFTER exercise: Yes/No

If you answered yes, please provide details: _____

4. Have you ever had discomfort, pain or pressure in your chest during exercise: Yes/No

If you answered yes, please provide details: _____

5. Does your heart race or skip beats during exercise: Yes/No

If you answered yes, please provide details: _____

6. Have any family member or relative died of heart problems or of sudden death before age 50: Yes/No

If you answered yes, please provide details: _____

7. Do you cough, wheeze, or have difficulty breathing during or after exercise: Yes/No

If you answered Yes, please provide details: _____



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8. Are you missing a kidney, eye, testicle, or any other organ: Yes/No:

If you answered yes, please provide details: _____

9. Have you ever had a head injury or concussion: Yes/No

If you answered yes, please provide details: _____

10. Have you ever been hit in the head and been confused or lost your memory: Yes/No

If you answered yes, please provide details: _____

11. When exercising in the heat, do you have severe muscle cramps or become ill: Yes/No

If you answered yes, please provide details: _____

12. I have had surgery: Yes/No

If you answered yes, please provide details: _____

13: I am being treated for a medical condition by a doctor and/or am taking medication prescribed by a doctor: Yes/No

If you answered yes, please provide details: _____

I hereby state that, to the best of my knowledge, my answers in the above questions are complete and correct.

Signature of Athlete

Date

Signature of Parent/Guardian

Date