

NORTHAMPTON AREA PEDIATRICS, LLP

Participation Physical Evaluation

Name _____ Date _____

Sport(s) _____

Explain "Yes" answers below. Circle questions you don't know the answer.

NO **YES**

Have you had a serious medical illness or injury since your last checkup or sports physical?

Have you been hospitalized overnight?

Have you ever had surgery?

Are you taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?

Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?

Do you have any allergies (pollen, medicine, food, or stinging insects)?

Have you ever passed out during exercise?

Have you ever had racing of your heart or skipped heartbeats?

Have you ever had chest pain during or after exercise?

Have you had high blood pressure or high cholesterol?

Does anyone in your family have high cholesterol?

Has any family member or relative died of heart problems or of sudden death before age 50?

Complete Questions on other side

NO **YES**

Has a physician ever denied or restricted your participation in sports for any heart problems?

Do you have any current skin problems (itching, rashes, warts, fungus, or blister)?

Have you ever been knocked out, become unconscious, or lost memory?

Have you ever had a seizure?

Do you have frequent or severe headaches?

Have you ever become ill from exercising in the heat?

Do you cough, wheeze, or have trouble breathing during or after activity?

Do you have asthma?

Do you have seasonal allergies that require medical treatment?

Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (knee brace, special neck roll, foot orthotics, teeth retainer, hearing aid)?

Have you had problems with your eyes or vision?

Have you broken or fractured any bones or dislocated any joints?

Do you have recurrent sprains?

Do you have any current problems with pain or swelling in muscles, tendons, bones or joints?

Do you lose weight regularly to meet weight requirements for your sports?

FEMALES ONLY: When was your first menstrual period? _____

Do your periods come about once a month?