PREPARTICIPATION ATHLETIC CLEARANCE INITIAL HISTORY (1st of 2 PAGES) <u>You must bring a copy of your immunization record to the clearance exam.</u>

NAME:		PER		SPORT:		
	Explain "yes" answers belo	w. Ci	rcle o	questions if you don't know the answers.		
	1 2	Yes	No		Yes	No
sports p	octor ever denied or restricted your articipation for any reason?			LUNG QUESTIONS 19. Has a doctor ever told you that you have		
diabetes	have an ongoing medical condition (like s or asthma)?			asthma or allergies?		
 Have yo serious 	ou ever been hospitalized or had a illness?			20. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
	ou born without or are you missing a spleen, testicle, or any other organ?			21. Have you ever used an inhaler or taken asthma medicines?		
5. Are you nonpres	currently taking any prescription or scription (over-the-counter) medicines, g birth control pills?			SKIN QUESTIONS 22. Have you had any rashes or other skin problems?		
	take any vitamins or supplements?			23. Have you had skin infections such as herpes, impetigo, or Staph (MRSA)?		
	have allergies to medicines, pollens, r stinging insects?			NEUROLOGY QUESTIONS 24. Have you ever had a head injury or concussion?		
	<u>ESTIONS</u> ou ever passed out or nearly passed out G exercise?			25. Have you ever been hit in the head and been confused or lost your memory?26. Have you ever had a seizure?		
9. Have yo	ou ever passed out or nearly passed out exercise?			27. Do you have headaches with exercise?		
in your o	ou ever had discomfort, pain, or pressure chest during exercise?			28. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
exercise				29. Have you ever been unable to move your arms or legs after being hit or falling?		
(check a □ High b	octor ever told you that you have all that apply): lood pressure	xx	xx	30. When exercising in the heat, have you ever had severe muscle cramps or become ill?		
13. Has a d (for exa	octor ever ordered a test for your heart? mple: ECG, echocardiogram)			VISION QUESTIONS 31. Have you had any problems with your eyes or vision?		
	/ family member or relative died of heart			32. Do you wear glasses or contact lenses?		
death b	is or of sudden and/or unexplained efore age 50?			33. Do you have any concerns that you would like to discuss with a doctor?		
	yone in your family have asthma?					
illness s	nyone in your family have a significant such as heart problems, diabetes, etc.?					
Syndror						
18. Has a d	octor told you that you or someone in nily has sickle cell trait or sickle cell					

Explain "YES" answers here:

PREPARTICIPATION ATHLETIC CLEARANCE INITIAL HISTORY (2nd of 2 PAGES)

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	YES	NO
MENTAL HEALTH QUESTIONS		
34. Have you ever been severely depressed?		
35. Are you taking or have you ever taken medications for depression or other mental health problems?		
36. Have you ever received medical care or been hospitalized for mental health problems or an eating disorder?		
37. Have you ever been treated for Attention Deficit Hyperactivity Disorder (ADD or ADHD)?		
SUBSTANCE USE QUESTIONS	xxx	xxxx
38. In an average week, how many alcoholic drinks will you have?		
39. Have you ever passed out or had memory blanks as a result of drinking?		-
40. Have you ever felt like you ought to cut down on your drinking?		
41. Have you ever or do you currently smoke marijuana?		
42. Have you ever used other recreational drugs besides marijuana?		
WEIGHT QUESTIONS		
43. Are you trying to gain or lose weight?		
44. Has anyone recommended you change your weight or eating habits?		
45. Do you limit or carefully control what you eat?		
FEMALES ONLY		
46. How old were you when you had your first menstrual period?		
47. Have you ever missed a menstrual period?		
48. How many periods have you had in the last 12 months?		

ORTHOPEDIC QUESTIONS	
49. Have you ever had a stress fracture?	
50. Have you been told that you have or have you had an X-ray for neck instability?	
51. Do you regularly use a brace or assistive device?	
52. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	
53. Have you had any broken or fractured bones or dislocated joints?	
54. Have you had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, cast or crutches?	

CIRCLE any area below that is INJURED currently or has been in the past:							
Head	Neck	Upper Back	Shoulder R L	Upper Arm R L	Elbow R L	Forearm R L	Hand/Fingers R L
Chest	Lower Back	Hip R L	Thigh R L	Knee R L	Calf/Shin R L	Ankle R L	Foot/Toes R L

Explain "YES" answers here:

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

PRINT NAME

SIGNATURE

PERM #