Binghamton City School District

Sports Medicine – Pre-participation/Interval Health History

Date of Exam: ______________________________ Sport(s): ____________________
Name: ______________________________ Date of Birth: ____________________
Sex: ☐ Male ☐ Female Age: _________ Grade: _____________ School: ____________________

Medicines & Allergies: Please list all of the prescription and over the counter medicines and supplements (herbal and nutritional) that you are taking: ____

____

____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers on following page. Circle questions you don't know the answers to.

General Questions

1. Has a doctor ever denied or restricted your participation in sports? ☐Yes ☐ No
2. Do you have any ongoing medical conditions? If so, please identify below: ☐Yes ☐ No
   ☐Asthma ☐Anemia ☐Diabetes ☐Infections ☐ Other________________
3. Have you ever spent the night in the hospital? ☐Yes ☐ No
4. Have you ever had surgery? ☐Yes ☐ No

Heart Health Questions About You

5. Have you ever passed out or nearly passed out **<u>during</u>** or **<u>after</u>** exercise? ☐Yes ☐ No
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? ☐Yes ☐ No
7. Does your heart ever race or skip beats (irregular beats) during exercise? ☐Yes ☐ No
8. Has a doctor ever told you that you have any heart problems? ☐Yes ☐ No
   ☐High Blood Pressure ☐Heart Murmur ☐High Cholesterol ☐Heart Infection
   ☐Kawasaki Disease ☐Other: ____
9. Has a doctor ever ordered a test for your heart? (i.e., ECG/EKG, echocardiogram) ☐Yes ☐ No
10. Do you get lightheaded or feel more short of breath than expected during exercise? ☐Yes ☐ No
11. Have you ever had an unexplained seizure? ☐Yes ☐ No
12. Do you get more tired or short of breath more quickly than your friends during exercise? ☐Yes ☐ No

Heart Health Questions About Your Family

13. Has any family member or relative died of heart problems or had an unexpected or Unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? ☐Yes ☐ No
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan symptoms, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? ☐Yes ☐ No
15. Does anyone in your family have a heart problem, pacemaker or implanted defibrillator? ☐Yes ☐ No
16. Has anyone in your family had unexplained fainting or seizures or near drowning? ☐Yes ☐ No

Bone and Joint Questions

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game? ☐Yes ☐ No
18. Have you ever had any broken or fractured bones or dislocated joints? ☐Yes ☐ No
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? ☐Yes ☐No
20. Have you ever had a stress fracture? ☐Yes ☐ No

(Continue on Back)

21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoxaxial instability? (Down syndrome or dwarfism) ☐Yes ☐ No
22. Do you regularly use a brace, orthotics, or other assistive device? ☐Yes ☐ No
23. Do you have a bone, muscle, or joint injury that bothers you? ☐Yes ☐ No
24. Do any of your joints become painful, swollen, feel warm or look red? ☐Yes ☐ No
25. Do you have any history of juvenile arthritis or connective tissue disease? ☐Yes ☐ No

Medical Questions

26. Do you cough, wheeze, or have difficulty breathing during or after exercise? ☐Yes ☐ No
27. Have you ever used an inhaler or taken asthma medicine? ☐Yes ☐ No
28. Is there anyone in your family who has asthma? ☐Yes ☐ No
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen or other organ? ☐Yes ☐ No
30. Do you have groin pain or a painful bulge or hernia in the groin area? ☐Yes ☐ No
31. Have you had infectious mononucleosis (mono) within the last month? ☐Yes ☐ No
32. Do you have any rashes, pressure sores, or other skin problems? ☐Yes ☐ No
33. Have you had a herpes or MRSA skin infection? ☐Yes ☐ No
34. Have you ever had a head injury or a concussion? ☐Yes ☐ No
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? ☐Yes ☐ No
36. Have you ever been unable to move your arms or legs after being hit or falling? ☐Yes ☐ No
37. Do you have headaches with exercise? ☐Yes ☐ No
38. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling? ☐Yes ☐ No
39. Do you have a history of seizure disorder? ☐Yes ☐ No
40. Have you ever become ill while exercising in the heat? ☐Yes ☐ No
41. Do you get frequent muscle cramps when exercising? ☐Yes ☐ No
42. Do you or someone in your family have sickle cell trait or disease? ☐Yes ☐ No
43. Have you had any problems with your eyes or vision? ☐Yes ☐ No
44. Have you had any eye injuries? ☐Yes ☐ No
45. Do you wear glasses or contact lenses? ☐Yes ☐ No
46. Do you wear protective eyewear, such as goggles or a face shield? ☐Yes ☐ No
47. Do you worry about your weight? ☐Yes ☐ No
48. Are you trying to or has anyone recommended that your gain or loss weight? ☐Yes ☐ No
49. Are you on a special diet or do you avoid certain types of foods? ☐Yes ☐ No
50. Have you ever had an eating disorder? ☐Yes ☐ No
51. Do you have any concerns that you would like to discuss with a doctor? ☐Yes ☐ No

Females Only

52. Have you ever had a menstrual period? ☐Yes ☐ No
53. How old were you when you had your first menstrual period? ☐Yes ☐ No
54. How many period have you had in the last 12 months? ☐Yes ☐ No

Explain "YES" answers here: ______________________________

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Emergency Contact Name: ____________ Relationship: ____________ Phone #: ____________

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

Signature of Athlete: ____________ Date: ____________ Time: ____________

Signature of Parent/Guardian: ____________ Date: ____________ Time: ____________