

HISTORY FORM *Form completed annually along with a Consent & Medical Card. Athlete and parent should fill out form prior to visit.

Name _____ Age: _____ Date of Birth: _____ Grade: _____

Sex assigned at birth (F,M, or Intersex) _____ How do you identify your gender? (F, M, Other) _____ School _____ Sport(s) _____

List past and current medical conditions:	Have you ever had surgery? If yes list all past surgical procedures:
List all current prescriptions, otc medicines, and supplements (herbal & nutritional):	List all of your allergies (medicines, pollens, food, stinging insects etc):
Over the past 2 weeks, how often have you been bothered by any of the following (circle)	Not at all Several days Over half the days Nearly every day
Feeling nervous, anxious, or on edge	0 1 2 3
Not being able to stop or control worrying	0 1 2 3
Little interest or pleasure in doing things	0 1 2 3
Feeling down, depressed or hopeless	0 1 2 3
Mental Health: A sum of >= 3 for questions 1+2, or 3+4, is considered positive	

*** See repeat responders versus first responders**

GENERAL QUESTIONS	Yes	No
1. Do you have any concerns you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU:	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor told you that you have any heart issues?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiogram (EKG) or echocardiogram?		
9. Do you get light headed or feel shorter of breath more than your friends during exercise ?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular hycardia (CPVT)?		
13. Has anyone in your family had a pacemaker , or implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	Yes	No
14. Since you were last cleared to play sports, have you had a new injury to a bone, muscle, ligament or tendon?		
MEDICAL QUESTIONS		
15. Have you been diagnosed with COVID-19?		
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or, testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		

	Yes	No
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problem?		
21. Have you ever had numbness, tingling, weakness in your arms or leg or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill during exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have problems with your eyes or vision?		
25. Do you worry much about your weight?		
26. Are you trying or has anyone recommended you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY		
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the last 12 months?		

Circle questions you do not know the answer to. * When answering questions, if you are a repeat responder (submitted PPE prior) only answer "Yes" if it is something new that has occurred since you were last cleared for athletic participation. If this is first time, answer "Yes" if ever occurred. Explain "yes" answers here:

SCHOOL QUALIFIED HEALTHCARE PROFESSIONAL: (RN/AT)
 If "yes is answered to any of the above, or "3+ for mental health questions, since the athlete was last cleared for athletic participation, a referral and clearance by the athlete's primary care provider is required.

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

Signature of Athlete: _____ Date: _____

Signature Parent/Guardian: _____ Date: _____

Signature of School QHP: _____ Date: _____