MIAA RECOMMENDED SPORTS CANDIDATE MEDICAL QUESTIONNAIRE



Address Physician IN CASE OF AN E Name EXPLAI 1. Have you had since your last 2. Have you ever 4. Do you have a medicine, food 8. Have you ever or after exercis 9. Have you ever 10. Have you ever 11. Have you ever 12. Do you have a medicine, food 8. Have you ever 14. Have you ever 15. Have you ever 16. Have you ever 17. Have you ever 18. Have you ever 19. Have you had 19. Have you had 19. Have you had 19. Have you have an itching, rashes, 19. Do you have an itching, rashes, 20. Have you ever 21. Have you ever 22. Have you ever 23. Do you have fre 24. Have you ever hands, legs, or 25. Have you ever 14. Have you ever hands, legs, or 25. Have you ever 15. Have you ever hands, legs, or 25. Have you ever 16. Have you ever hands, legs, or 25.	PART A ~ HISTORY				DAIL	E of EXAM			_
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or pills or using 6. Have you ever to help you gai performance? 7. Do you have a medicine, food 8. Have you ever or after exercis 9. Have you ever 10. Have you ever 11. Have you ever 12. Do you get tire during exercise 13. Have you ever heartbeat? 14. Have you had 15. Have you ever 16. Has any family problems or of 17. Have you had myocarditis or 18. Has a physicial participation in 19. Do you have an itching, rashes, 10. Have you ever 11. Have you ever 12. Have you ever 12. Have you ever 13. Do you have fre 14. Have you ever 14. Have you ever 15. Have you ever 16. Have you ever 17. Have you ever 18. Have you ever 19. Do you have fre 19. Have you ever	nonprescription (over-the-counter) medications	U	0			problems with your eyes es, contacts, or protective			0
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to help you gai performance? 7. Do you have a medicine, food Have you ever or after exercise 9. Have you ever 11. Have you ever 12. Do you get tire during exercises 13. Have you ever heartbeat? 14. Have you had if the have you ever 15. Have you ever 16. Has any family problems or of 17. Have you had in myocarditis or in 19. Do you have an itching, rashes, 10. Have you ever unconscious, or 16. Have you ever 17. Have you ever 18. Have you ever 18. Have you ever 19. Do you have fire 19. Do you have fire 19. Do you have fire 19. Have you ever 19.	Have you ever taken any supplements or vitamins	0	0		injury?	a spiani, suani, or one	illig aitei	0	C
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 Have you ever or after exercis Have you ever Have you ever Have you ever Do you get tire during exercise Have you ever heartbeat? Have you ever heartbeat? Have you ever has any family problems or of Have you had myocarditis or of Has a physicial participation in Do you have an itching, rashes, Have you ever 	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	o	o	35. H	Have you had any o swelling in muscles,	other problems with pain s, tendons, bones, or join	nts?	o	C
 Have you ever Have you ever Do you get tire during exercise Have you ever heartbeat? Have you had Have you ever Has any family problems or of Have you had myocarditis or Has a physicial participation in Do you have an itching, rashes, Have you ever Have you ever Have you ever Have you ever Do you have fre Have you ever Have you ever hands, legs, or Have you ever 	Have you ever had a rash or hives develop during or after exercise?	0	o			priate box and explain be ⊜ Elbow			
 Have you ever Have you ever Do you get tire during exercise Have you ever heartbeat? Have you had Have you had Have you ever Has any family problems or of Have you had myocarditis or Has a physicial participation in Do you have an itching, rashes, Have you ever 	Have you ever passed out during or after exercise?	0	0		□ Neck	Forearm	ੋ Thigh	1	
 Have you ever during exercise Have you ever heartbeat? Have you had myocarditis or Has a physicial participation in Do you have all itching, rashes, Have you ever unconscious, o Have you ever 	· · · · · · · · · · · · · · · · · · ·	o	o		⊡ Back	⊕ Wrist	ି Knee		
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 15. Have you ever 16. Has any family problems or of 17. Have you had a myocarditis or 18. Has a physicial participation in 19. Do you have an itching, rashes, 20. Have you ever 21. Have you ever unconscious, o 22. Have you ever 23. Do you have fre 24. Have you ever hands, legs, or 25. Have you ever 		? o	o	r	requirements for you	our sport?	•	Ü	-
 16. Has any family problems or of 17. Have you had a myocarditis or it 18. Has a physicial participation in 19. Do you have an itching, rashes, 20. Have you ever unconscious, o 22. Have you ever 23. Do you have from the problem of the pr	Have you ever been told you have a heart murmur?	0	0	38.	Do you feel stressed	d out?		0	c
problems or of 17. Have you had a myocarditis or a 18. Has a physicial participation in 19. Do you have ar itching, rashes, 20. Have you ever unconscious, o 22. Have you ever 23. Do you have fr 24. Have you ever hands, legs, or 25. Have you ever	· · · · · · · · · · · · · · · · · · ·	ŏ	0			f your most recent immu			
 17. Have you had a myocarditis or an anyocarditis or anyocarditis or	problems or of sudden death before age 50?	-	~	((shots) for:	-			
myocarditis or a have you ever unconscious, o 22. Have you ever 24. Have you ever hands, legs, or 25. Have you ever hands, legs, or 25. Have you ever have you ever hands, legs, or 25. Have you ever		o	0	j	Tetanus	Measles _	4		
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 19. Do you have an itching, rashes, 20. Have you ever 21. Have you ever unconscious, o 22. Have you ever 23. Do you have free 24. Have you ever hands, legs, or 25. Have you ever 	participation in sports for any heart problems?	_	Ü			t menstrual period?			
itching, rashes, 20. Have you ever 21. Have you ever unconscious, o 22. Have you ever 23. Do you have fre 24. Have you ever hands, legs, or 25. Have you ever		o	o			st recent menstrual perio	iod?		•
 20. Have you ever 21. Have you ever unconscious, o 22. Have you ever 23. Do you have from the you ever hands, legs, or 25. Have you ever 	itching, rashes, acne, warts, fungus, or blisters)?	-	U			you usually have from th			-
 Have you ever unconscious, o Have you ever Do you have from the you ever hands, legs, or Have you ever hands you ever 	Have you ever had a head injury or concussion?	o	0		period to the start of		is start of the		
unconscious, o 22. Have you ever 23. Do you have fre 24. Have you ever hands, legs, or 25. Have you ever	Have you ever been knocked out, become	0	0	43. F	How many periods h	have you had in the last	t vear?		•
 22. Have you ever 23. Do you have for 24. Have you ever hands, legs, or 25. Have you ever 	unconscious, or lost your memory?	U	U	44. V	What was the longe	est time between periods	s in the last ye	ar?	•
23. Do you have free24. Have you ever hands, legs, or25. Have you ever		0	^		_		•		
24. Have you ever hands, legs, or25. Have you ever	•		0	Ехріан	ı "Yes" answers nen	re:			
hands, legs, or 25. Have you ever	Have you ever had numbness or tingling in your arms,	0	0						
	hands, legs, or feet?		0			WW.			_
			0						
	Have you ever become ill from exercising in the heat?		0						_
during or after a	Do you cough, wheeze, or have trouble breathing during or after activity?	0	0						_
		0	0						_
29. Do you have se	Do you have seasonal allergies that require medical	0	0				_	_	_
treatment?			*						

(continued)

PART B ~ PHYSICAL EXAMINATION



DATE of EXAM_____

STUDENT (Please print)				Date of Birth	
Height Weight_	% Body Fat (optional)	Pulse	BP/_		
	L20/				
	NORMAL	ABNORMAL			
MEDICAL		ADNORMAL	. FINDINGS		INITIALS*
Appearance					
Eyes/Ears/Nose/Throat					
Lymph Nodes					
Heart				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pulses					
Lungs					
Abdomen					
Genitalia (males only)					
Skin					
MUSCULOSKELETAL		,			
Neck					
Back				******	
Shoulder/Arm					****
Elbow/Forearm					
Wrist/Hand					
Hip/Thigh					
Knee					
Leg/Ankle					
Foot					
*Station-based examination					
PART C ~ CLEAR	PANCE				
☐ Cleared					
☐ Cleared after completing	ng evaluation/rehabilitation	for:			
,					
☐ Not cleared for:		Reason:			
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DATE of EXAM					
Name of physician (Pleas	e print):				
Audi 599		77.00 (11.1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tel:	