

MOUNT SI HIGH SCHOOL MEDICAL HISTORY QUESTIONNAIRE

NAME: _____ **Age:** _____ **Grade:** _____

Parents/Guardians: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** _____

Date of Birth: _____ **Sex:** ___ Male ___ Female

Explain "Yes" answers below.
Circle Questions you don't know the answers to.

- | Yes | No | |
|-----|----|---|
| — | — | 1. Have you had a medical illness or injury since your last check up or sports physical? |
| — | — | Do you have ongoing or chronic illnesses? |
| — | — | 2. Have you ever been hospitalized overnight? |
| — | — | Have you ever had surgery? |
| — | — | 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? |
| — | — | 4. Have you ever taken any supplements or vitamins to help you gain or lose weight or help you improve your performance? |
| — | — | 5. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? |
| — | — | 6. Have you ever had a rash or hives develop during or after exercises? |
| — | — | 7. Have you ever passed out during or after exercise? |
| — | — | 8. Have you ever been dizzy during or after exercise? |
| — | — | 9. Have you ever had chest pain during or after exercise? |
| — | — | 10. Do you get tired more quickly than your friends do during or after exercise? |
| — | — | 11. Have you ever had racing of your heart or skipped heartbeats? |
| — | — | 12. Have you had high blood pressure or high cholesterol? |
| — | — | 13. Have you ever been told you have a heart murmur? |
| — | — | 14. Has any family member or relative died of heart problems or of sudden death before age 50? |
| — | — | 15. Have you ever had a severe viral infection (for example, myocarditis or Mononucleosis) within the last month? |
| — | — | 16. Has a physician ever denied or restricted your participation in sports for any heart problems? |
| — | — | 17. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? |
| — | — | 18. Have you ever had a head injury or concussion? |
| — | — | 19. Have you ever been knocked out, become unconscious, or lost your memory? |
| — | — | 20. Have you ever had a seizure? |
| — | — | 21. Do you have frequent or severe headaches? |
| — | — | 22. Have you ever had numbness or tingling in your arms, hands, legs, or feet? |
| — | — | 23. Have you ever had a stinger, burner, or pinched nerve? |
| — | — | 24. Have you ever become ill from exercising in the heat? |
| — | — | 25. Do you cough, wheeze, or have trouble breathing during or after activity? |
| — | — | 26. Do you have asthma? |
| — | — | 27. Do you have seasonal allergies that require medical treatment? |
| — | — | 28. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? |

- — 29. Have you had any problems with your eyes or vision?
 — — 30. Do you wear glasses, contacts, or protective eyewear?
 — — 31. Have you ever had a sprain, strain, or swelling after injury?
 — — 32. Have you broken or fractured any bones or dislocated any joints?
 — — 33. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?
 If yes, check appropriate box and explain below.

—	Head	—	Hand
—	Neck	—	Finger
—	Back	—	Hip
—	Chest	—	Thigh
—	Shoulder	—	Knee
—	Upper Arm	—	Shin/calf
—	Elbow	—	Ankle
—	Forearm	—	Foot
—	Wrist		

- — 34. Do you want to weigh more or less than you do now?
 — — 35. Do you lose weight regularly to meet weight requirements for your sport?
 — — 36. Do you feel stressed out?
 — — 37. Record the dates of your most recent immunizations (shots) for:

Tetanus _____ Measles _____
 Hepatitis B _____ Chickenpox _____

Females Only

38. When was your first menstrual period? _____
 39. When was your most recent menstrual period? _____
 40. How much time do you usually have from the start of one period to the start of another? _____
 41. How many periods have you had in the last year? _____
 42. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: