

Name: _____ Gender: F / M DOB: ____/____/____

Email: _____ Phone number: _____

Sport(s): _____ Skill Level/Position: _____

Hours Spent Training: _____ hours per week Year Started Training: _____

Athlete History

➤ List any sport-related injuries that the athlete had in the past and the date of injury

➤ List any surgeries that the athlete had in the past

	Surgery	DOS
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

➤ List any other medical conditions that the athlete has

➤ List any medications that the athlete is currently taking

➤ Has the athlete experienced any of these symptoms? (Check all that apply)

- Wheezing during/after exercise Chest pain during/after exercise Syncope
- Felt his/her heart racing/skipping Difficulty breathing
- Extreme/unusual fatigue associated with exercise Unexplained coughing
- Extreme/unusual shortness of breath associated with exercise

➤ Has the athlete been diagnosed with any of these conditions?

- Asthma/exercise induced asthma Heart murmur Seizures
- Heart disease/abnormality Explain: _____
- High blood pressure

Family History

➤ Do you have a family member/relative who.....

	Yes	Explain
Died suddenly of heart problems before age 50?	<input type="checkbox"/>	
Is diagnosed with any heart condition?	<input type="checkbox"/>	
Has a pace maker?	<input type="checkbox"/>	
Is diagnosed with Marfan's Syndrome?	<input type="checkbox"/>	
Has high blood pressure?	<input type="checkbox"/>	

Consent:

I have reviewed and answered the questions above to the best of my knowledge. I and my child understand and accept that the purpose of this program is to identify any injury risk factors that he/she may have and to reduce the incidence of preventable sport-related injuries that may happen during sport participation. I also understand that not all the injuries are preventable and an unexpected injury may happen.

I hereby authorize the injury screening/physical examination and/or injury prevention/performance enhancement training by licensed personnel.

I understand that this program is not intended to substitute for any pre-participation exam nor health assessment by a licensed medical practitioner.

Print: _____ Signature: _____ Date: _____