

# ATHLETIC SCREENING EXAM

How are you doing in school? Do you have any questions or concerns?

State law permits adolescents to receive confidential care for certain types of medical conditions.

School: \_\_\_\_\_ Grade: \_\_\_\_\_

What sports do you play? \_\_\_\_\_ Date: \_\_\_\_\_

## Health History

1. Do you have any chronic or recurring illness (one that keeps coming back)? ☐ Yes ☐ No
2. Have you had any illness that lasted longer than one week? ☐ Yes ☐ No
3. Have you ever been hospitalized? ☐ Yes ☐ No
4. Have you ever had surgery (other than having your tonsils out)? ☐ Yes ☐ No
5. Do you have any missing organs (eye, kidney, testicle)? ☐ Yes ☐ No
6. Do you have any allergies to medicine, insect bites, or foods?  
If yes, please list here: \_\_\_\_\_ ☐ Yes ☐ No
7. Have you ever had any problems with your heart or blood pressure? ☐ Yes ☐ No
8. Have you ever had chest pain or trouble breathing during exercise? ☐ Yes ☐ No
9. Have you ever felt dizzy or fainted during exercise? ☐ Yes ☐ No
10. Have you ever fainted, had bad headaches, or seizures (convulsions)? ☐ Yes ☐ No
11. Have you ever had a concussion or lost consciousness? ☐ Yes ☐ No
12. Have you ever had heatstroke or heat exhaustion? ☐ Yes ☐ No
13. Do you wear glasses or contacts? ☐ Yes ☐ No
14. Do you have dental bridges, braces, or plates in your mouth? ☐ Yes ☐ No
15. Do you take any medications? ☐ Yes ☐ No  
If yes, please list here: \_\_\_\_\_
16. Have you ever had an injury that required a doctor's treatment? ☐ Yes ☐ No
17. Have you ever injured your neck or back? ☐ Yes ☐ No
18. Have you ever injured your knee? ☐ Yes ☐ No
19. Have you ever injured your shoulder or elbow? ☐ Yes ☐ No
20. Have you ever injured your ankle? ☐ Yes ☐ No
21. Have you ever had any other serious joint injury? ☐ Yes ☐ No
22. Have you ever broken a bone? ☐ Yes ☐ No
23. Is there any reason you know of why you should not participate in sports? ☐ Yes ☐ No
24. Have any of your close family members died suddenly when they were under age 40, from something other than an accident? ☐ Yes ☐ No
25. Have any of your close family members had a heart attack when they were under age 55? ☐ Yes ☐ No

\*\* IMPORTANT—PLEASE TURN OVER \*\*



## Private Teen Questions (Fill this side out in private)

**Do not photocopy**

### Important! Please read first...

- This information is personal and private. It will not be shared with anyone unless you are being abused (sexually or physically) or are in danger of hurting yourself or someone else.
- Your doctor or other medical professional is asking these questions to discuss your personal health and safety, not to judge you or your friends.

20. During the past year did you drink any alcohol? ☐ Yes ☐ No
- 21a. During the past year did you use marijuana? ☐ Yes ☐ No
- 21b. During the past year have you used any other drug to get high (such as prescription drugs, meth, ecstasy, glue or cocaine)? ☐ Yes ☐ No
22. During the past few weeks, have you **often** felt sad, down, or hopeless? ☐ Yes ☐ No
23. Have you seriously thought about killing yourself, made a plan, or tried to kill yourself? ☐ Yes ☐ No
- 24a. Have you ever had sex (including oral, vaginal, or anal sex)? ☐ Yes ☐ No
- 24b. If yes, do you or your partner always use a condom when you have sex? ☐ Yes ☐ No
25. Are you attracted to guys, girls, or both? ☐ Guys ☐ Girls ☐ Both

### For young women only

1. Have you started your period? (If no, you are done!) ☐ Yes ☐ No
2. When was your last period? Write the date it started here: \_\_\_\_\_
- 3a. My periods: ☐ are less than 1 month apart  
☐ are every 1 to 2 months  
☐ are more than 2 months apart
- 3b. My periods: ☐ last less than 8 days  
☐ last 8 days or longer
4. Do you have cramps that interfere with your daily activities? ☐ Yes ☐ No
5. Do you need help with managing your cramps? ☐ Yes ☐ No

**Thanks for filling out this questionnaire.**