

# Sports Screening Form

**Please answer these questions.**

Skip any questions that you cannot answer or that do not apply.  
Your answers will help us provide you with the best possible care.

Do you have any questions or concerns that you would like to discuss with your doctor?

If yes, please describe: \_\_\_\_\_

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

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

## HEALTH HISTORY

1. Do you have a chronic or recurring illness (one that keeps coming back)? .....

**Yes No**

**Yes No**

2. Have you had any illness longer than one week (other than cold or flu)? .....

**Yes No**

**Yes No**

3. Have you ever been hospitalized? .....

**Yes No**

**Yes No**

4. Have you ever had surgery (other than having your tonsils out)? .....

**Yes No**

**Yes No**

5. Do you have any missing organs (eye, kidney, testicle)? .....

**Yes No**

**Yes No**

6. Do you have any allergies to medicine, insect bites, or foods? .....

**Yes No**

**Yes No**

If yes, please list: \_\_\_\_\_

7. Have you ever had any problems with your heart or blood pressure? .....

**Yes No**

**Yes No**

8. Do you have chest pain, tightness, or pressure during exercise? .....

**Yes No**

**Yes No**

9. Do you feel light-headed or have trouble breathing during exercise? .....

**Yes No**

**Yes No**

10. Have you ever passed out or nearly passed out during exercise? .....

**Yes No**

**Yes No**

11. Have you ever fainted, had bad headaches, or seizures (convulsions)? .....

**Yes No**

**Yes No**

12. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? .....

**Yes No**

**Yes No**

13. Have you ever had a concussion or lost consciousness? .....

**Yes No**

**Yes No**

14. Have you ever become ill while exercising in the heat? .....

**Yes No**

**Yes No**

15. Do you wear glasses or contacts? .....

**Yes No**

**Yes No**

16. Do you have dental bridges, braces, or plates in your mouth? .....

**Yes No**

**Yes No**

17. Do you take any medications? .....

**Yes No**

**Yes No**

If yes, please list: \_\_\_\_\_

18. Have you ever had an injury that caused you to miss a practice or game? .....

**Yes No**

**Yes No**

19. Have you ever had any broken or fractured bones or dislocated joints? .....

**Yes No**

**Yes No**

20. Has a doctor ever denied or restricted your participation in sports for any reason? ...

**Yes No**

**Yes No**

21. Has any family member died of heart problems or had an unexpected or unexplained death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? .....

**Yes No**

**Yes No**

22. Have any of your close family members had a heart attack when they were under age 55? .....

**Yes No**

**Yes No**

