

Today's Date: _____

Patient Name: _____ DOB: _____

Grade: _____ School: _____ Sport(s): _____



PREPARTICIPATION PHYSICAL EVALUATION FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician.)

Explain "Yes" answers on back page (page 2). Circle questions you don't know the answers to.

HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
1. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
2. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
3. Does your heart ever race or skip beats (irregular beats) during exercise?		
4. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other _____		
5. Has a doctor ever ordered a test for your heart? (for example, ECG/EKG, echocardiogram)		
6. Do you get light-headed or feel more short of breath than expected during exercise?		
7. Have you ever had an unexplained seizure?		
8. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
9. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
10. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
11. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
12. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
MEDICAL QUESTIONS	Yes	No
13. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
14. Have you ever used an inhaler or taken asthma medicine?		
15. Do you have headaches with exercise?		

Explain "yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____

Date _____

Signature of parent/guardian _____

Date _____