Name	Diet	ndate	Grade		
Name	DILL	nuate	Grade		
Sport(s) playing at DeMatha			0.5 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11/2	
Medicines and Allergies: Please list all of the prescription you are currently taking			ne-counter medicines and supplements (herbal and nutritio	mai) ti	nat
Please list any allergies?					_
Explain "Yes" answers below. Circle questions you don't know	w the a	nswers	ito.		
GENERAL QUESTONS	Yes	No	27. Do you have any history of juvenile arthritis or connective tissue		
1. Has a doctor ever denied or restricted your participation in sports			disease?		
for any reason?	-		MEDICAL QUESTIONS 28. Do you cough, wheeze, or have difficulty breathing during or after	Yes	No
Do you have any ongoing medical conditions? If so, please identify below: • Asthma • Anemia • Diabetes • Infections			exercise?		
Other:			29. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever been diagnosed with a learning disability?			30. Is there anyone in your family who has asthma?	1	
Have you ever been diagnosed with ADD or ADHD?			31. Were you born without or are you missing a kidney, an eye, a	_	-
5. Have you ever received treatment for anxiety, depression, or any			testicle (males), your spleen, or any other organ?		
other mental illnesses? 6. Have you ever spent the night in the hospital?			32. Do you have groin pain or a painful bulge or hernia in the groin		
7. Have you ever had surgery?			area?	-	-
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	33. Have you had infectious mononucleosis (mono) within the last month?		
8. Have you ever passed out or nearly passed out DURING or AFTER			34. Do you have any rashes, pressure sores, or other skin problems?	_	\vdash
exercise?			35. Have you had a herpes or MRSA skin infection?	-	_
9. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			36. Have you ever had a head injury or concussion?	-	-
10. Does your heart ever race, skip or feel irregular during exercise?	-	_	37. Have you ever had a hit or blow to the head that caused	-	-
11. Has a doctor ever told you that you have any heart problems? If			confusion, prolonged headache, or memory problems?		
so, circle all that apply:			38. Do you have a history of seizure disorder?		
High blood pressure • A heart murmur			39. Do you have seizures uncontrollable by medications?	1	1
High cholesterol • A heart infection Kawasaki disease Other:		. 1	40. Do you have headaches with exercise?	-	-
12. Has a doctor ever ordered a test for your heart? (ECG/EKG,			41. Have you ever had numbness, tingling, or weakness in your arms	-	-
echocardiogram, etc.)			or legs after being hit or falling?		
13. Do you get lightheaded or feel more short of breath than			42. Have you ever been unable to move your arms or legs after being		
expected during exercise?	_		hit or falling?		_
14. Have you ever had an unexplained seizure? HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	43. Have you ever become ill while exercising in the heat?	-	_
15. Has any family member or relative died of heart problems or had	ites	140	44. Do you get frequent muscle cramps when exercising?		
an unexpected or unexplained sudden death before age 50 (including			45. Do you or someone in your family have sickle cell trait or disease?		
drowning, unexplained car accident, or sudden infant death			46. Have you had any problems with your eyes or vision?		
syndrome)?			47. Have you had any eye injuries?		
 Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, 			48. Do you wear glasses or contact lenses?		
long QT syndrome, short QT syndrome, Brugada syndrome, or			49. Do you wear protective eyewear, such as goggles or a face shield?		
catecholaminergic polymorphic ventricular tachycardia?			50. Do you worry about your weight?		
17. Does anyone in your family have a heart problem, pacemaker, or			51. Are you trying to or has anyone recommended that you gain or		
implanted defibrillator?	-		lase weight?		
18. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			52. Are you on a special diet or do you avoid certain types of foods?		
BONE AND JOINT QUESTIONS	Yes	No	53. Have you ever had an eating disorder?		
19. Have you ever had an injury to a bone, muscle, ligament, or			54. Do you have a bleeding condition or bleed easily?		
tendon that caused you to miss a practice or a game?			55. Do you have any concerns that you would like to discuss with a		
20. Have you ever broken or fractured bones or dislocated joints?	-	_	dactor?		_
21. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?					
22. Have you ever had a stress fracture?			Explain "yes" answers:		-
23. Have you ever been told that you have or have you had an x-ray		-			
for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)					
24. Do you regularly use a brace, orthotics, or other assistive device?					_
25. Do you have a bone, muscle, or joint injury that bothers you?	1				
26. Do any of your joints become painful, swollen, feel warm, or look red?					=
hereby state that, to the best of my knowledge, my ansi	wers to	o the	above questions are complete and correct.		
Student Signature					
Suardian Signature			Date		