This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.			
Date of birth:			
Sport(s):			
How do you identify your g	How do you identify your gender? (F, M, or other):		
	ou had: □ One shot □ Two shots		
cal procedures.			
otions, over-the-counter medicines, a	and supplements (herbal and nutritional).		
allergies (ie, medicines, pollens, food,	, stinging insects).		
	Date Sport(s): How do you identify your g N eck one): □ Y □ N If yes, have y cal procedures ptions, over-the-counter medicines, a		

Patient Health Questionnaire Version 4 (PHQ-4)				
Over the last 2 weeks, how often have you been both	ered by any of t	the following prob	lems? (Circle response.,)
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
(A sum of ≥3 is considered positive on either sub	scale [question	ns 1 and 2, or ques	stions 3 and 4] for scree	ening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
Do you have any concerns that you would like to discuss with your provider?		
Has a provider ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
 Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. 		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	
4. Have you ever had a stress fracture or an injury			25. Do you worry about your weight?	
to a bone, muscle, ligament, joint, or tendon that			26. Are you trying to or has anyone recommended	
caused you to miss a practice or game?	+-	+	that you gain or lose weight?	
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			27. Are you on a special diet or do you avoid	
,			certain types of foods or food groups?	
MEDICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?	
16. Do you cough, wheeze, or have difficulty			FEMALES ONLY	
breathing during or after exercise?	+-	+	29. Have you ever had a menstrual period?	
17. Are you missing a kidney, an eye, a testicle			30. How old were you when you had your first	
(males), your spleen, or any other organ?	$+\!-\!\!-$	+-+	menstrual period?	
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			31. When was your most recent menstrual period?	
	+-	+	32. How many periods have you had in the past 12	
 Do you have any recurring skin rashes or rashes that come and go, including herpes or 			months?	
methicillin-resistant Staphylococcus aureus			Familia (SV a 2) and and have	
(MRSA)?			Explain "Yes" answers here.	
20. Have you had a concussion or head injury that	t			_
caused confusion, a prolonged headache, or				
memory problems?				
21. Have you ever had numbness, had tingling, had				
weakness in your arms or legs, or been unable				_
to move your arms or legs after being hit or				
falling?	↓	\sqcup		
22. Have you ever become ill while exercising in the				
heat?				
23. Do you or does someone in your family have				_
sickle cell trait or disease?				
Siekie een trait of disease:				
24. Have you ever had or do you have any prob-				

No

No

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and correct. Signature of athlete: _

Date:

Signature of parent or guardian: _