### MOUNTAIN LAKES HIGH SCHOOL

#### ■ PREPARTICIPATION PHYSICAL EVALUATION

## **HISTORY FORM**

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Age	Date of Exam					
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking processes.	Name			Date of birth		
Do you have any allorgies?   Yes   No if yes, please identify specific allorgy below.    Celebrature   Policies   Policie	Sex Age Grade Sch	ool		Sport(s)		
Explain "Nes" answers below. Circle questions you don't know the answers.    Pool	Medicines and Allergies: Please list all of the prescription and over	-the-co	unter m	nedicines and supplements (herbal and nutritional) that you are currently	taking	
Explain "Nes" answers below. Circle questions you don't know the answers.    Pool	Description of the state of the	. 116		Land Later		
EBEIGAL QUESTIONS   No		ntify spe	ecific al			
EBEIGAL QUESTIONS   No	Evolain "Ves" answers below Circle questions you don't know the an	swers t	n			
1. Has a clother ever denied or restricted your participation in sports for any resource.  2. Do you have any onpoing madical conditions? It so, please identify behalve    Activation    Children's please    Indications    Children's please    Children's please				MEDICAL QUESTIONS	Yes	No
any reason?  2. Do you have any ongoing medical conditions? If so, please identify below. Actimal   Diabetes   Infections   Dinter.    3. Howey you were find surgery?  4. Howey you were that dargery?  4. Howey you were that surgery?  5. Howey you were part than right in the hospital?  5. Howey you were part than right in the hospital?  6. Howe you were that disconfort, pain, fightness, or pressure in your cheek during overcise?  6. Howe you were that disconfort, pain, fightness, or pressure in your cheek during overcise?  6. Howey you were that disconfort, pain, fightness, or pressure in your cheek during overcise?  6. Howey you were that of success that you have any heart problems? If so, check all that pains were rance or skip beats (impagner beats) during exercise?  6. Howe you were that of were that of word of you that you have any heart problems? If so, check all that pains.  6. Howey you were that of were the of a heart instruction   Hower that you have any heart problems? If so, echocationamy in the pains of your heart? (For example, ECOSPKO, echocationamy).  6. Howey you were that of more published of red innove short of breath than expected during exercise?  7. Do you got more tired or short of breath than expected during exercise?  8. How you were that an unexplained seltcure?  8. How you were that an unexplained seltcure?  8. How you got more tired or short of breath than expected during exercise in your short of breath than expected during exercise?  9. How you got more tired or short of breath than expected during exercise in your short of breath than expected of unexplained seltcure?  10. Do you get immented or relative for your heart? (For example, ECOSPKO, echocationamy), and the problems of your your family were hard an unexplained seltcure?  11. Howey you ever that an unexplained seltcure?  12. Do you get more tired or short of breath than expected your your family have injured to the problems of your your family were hard an injury but your your your your your your your your	***************************************	100	110	26. Do you cough, wheeze, or have difficulty breathing during or		
before Collections   Debetes   Intections Other:   28. Is there agrees in your family who has asthma?   29. It was you ever post the right in the hospitar?   29. It was you ever passed out or early passed out DURNG or APTER excrice.   29. It was you ever passed out or early passed out DURNG or APTER excrice.   29. It was you ever passed out or early passed out of DURNG or APTER excrice.   29. It was you ever the discondinct, pair, lightness, or pressure in your cheat during excrise?   29. It was you ever that discondinct, pair, lightness, or pressure in your cheat during excrise?   29. It was you ever that discondinct, pair, lightness, or pressure in your cheat during excrise?   29. It was you ever that discondinct, pair, lightness, or pressure in your cheat during excrise?   29. It was a fourter ever race or skip beats firmgular beats) during excrise?   29. It was a fourter ever flow you thay you have any heat problems? If so, check all that apply:   29. It was a fourter ever ordered attention   29. It was a fourter ordered attention   29. It was a fourter and numbers, finging, or waskness in your arms or legs after being that entities a fourter do washed to favore that the next exceed a fourter grow and numbers and the problems of the during exercise?   29. It was not that the problems of the during exercise?   29. It was not that the during exercise?   29. It was not that the during exercise   29. It was not that the during exercise   29. It was not fairly the problems of the during exercise   29. It was not fairly the problems of the during exercise   29.					₩	
Other:					-	_
4. Have you ever had surgery?  5. Have you ever had surgery?  6. Have you ever had discomfort, pair, lightness, or pressure in your cheet during exercise?  6. Have you ever had discomfort, pair, lightness, or pressure in your cheet during exercise?  7. Does you hear ever race or skip beats (irregular beats) during exercise?  8. Has a dooffer ever to dry to that you have any heart problems? if so, cheet, all that apply.  8. Has a dooffer ever to dry to that your heart? (For example, ECGEKG, echecardingment)  9. Has a dooffer ever to dry to that your heart? (For example, ECGEKG, echecardingment)  10. Do you get interest and an unexplained solture?  11. How you ever to dra an unexplained solture?  12. Do you get more tired or short of breath than expected during exercise?  13. Have you ever the dra unexplained solture?  14. Have you ever to dra unexplained solture?  15. Less any terminy have a heart problems or had an unexplained solture?  16. Less anytom in your farmly have intered or short of breath problems or had an unexplained solture.  17. Less any terminy have in your family have intered problems, or catecholaminering problems, or catecholaminering problems, short OT syndrome, Brugada syndrome, or catecholaminering problems, short OT syndrome, Brugada syndrome, or catecholaminering polymorphic variational brughers of the short of hearth problem, pocemaker, or implanted distributional brughers of the syndrome, arrhythmens every a larger of the short of hearth problems, or catecholaminering polymorphic variational brughers of the syndrome, arrhythmens every a larger of the short of weather or spalened soltened every and the syndrome, arrhythmens every an every sold and the short of spalened soltened every and the syndrome every sold and syndrome, or catecholaminering polymorphic variational brughers of the syndrome, arrhythmens every solven the syndrome every solven through the solven to the syndrome every solven through the solven to the syndrome, arrhythmens every solven through the solven to the syndrome e						
### HEARTH QUESTIONS ABOUT YOU  5. Have you ever pased out or nearly passed out DURING or AFTER exercise?  6. Have you ever had a finefctions monouncioses (mone) within the last month?  7. Does you ever passed out or nearly passed out DURING or meany passed out DURING or MENTER exercise?  7. Does you ever had discomfort, pain, lightness, or pressure in your cleast during exercise?  7. Does you have rever nace or skip beats (impulse beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  9. High bidool pressure  9. Has a doctor ever ordered at lest for your heart? (For example, ECG/EKG, checkedings)  10. Do you get lightheaded or feel more short of breath than expected during exercise?  11. Have you ever had an unexplained sizture?  12. Do you gut ent to the order or feel more short of breath than expected during exercise?  11. Have you ever had an unexplained sizture?  12. Do you get lightheaded or feel more short of breath more quickly than your friends during exercise?  13. Has any tamily member or relative died of heat problems or had an unexpected of unexplained sodium exhibition age of the control of breath more quickly than your friends during exercise?  14. Bus any tamily member or relative died of heat problems or had an unexpected or unexplained sodium exhibition age of the control of breath more quickly than your friends during exercise?  15. Do you gut frequent musted exhibition and the problems or had an unexpected or unexplained sodien death before age 50 (including exercise)  16. Has anyone in your family have inpertrophic cardiomyopathy, Marfan your during have inpertrop	3. Have you ever spent the night in the hospital?					
9. New you ever hasd ofto or nearly passed out DURING or AFTER exercises? 6. Have you ever had discomfort, pain, lightness, or pressure in your charlows the content of the pain of the pa	4. Have you ever had surgery?			30. Do you have groin pain or a painful bulge or hernia in the groin area?		
A. File secrose?  A. Have you ever had discomfort, pain, lightness, or pressure in your chest during exercise?  A. Has a doubt ever tody you that you have any heart problems? If so, check all that apply.  B. Has a doubt ever tody pressure   A heart murmur   High todesetrod   A heart murmur   Hig	HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		
8. Has a doctor ever faid function that paths are consisted function to the start apply:    General and paths and apply to the path path paths are consisted functions and apply in the path problems? If so, check all that apply:   General apply:						
chest during exercise?  8. Has a doubt ever told you that you have any heart problems? If so, che call that apply.  9. Has bed open feasure — A heart murrur  9   High broke pressure   A heart miretion  10   A heart intertion   A heart miretion   A heart mireti						
A. Bas a dotor ever rote of working by the ware where further for the problems? If so, check all that apply:    High blood pressure   A heart murmur   High cholesterol   A heart infriction   A heart infriction   A heart murmur   High cholesterol   A heart infriction   A heart infriction   A heart murmur   High cholesterol   A heart murmur   High cholesterol   A heart infriction   A heart murmur   High cholesterol   A heart infriction   A heart murmur   High cholesterol   A heart infriction   A heart murmur   High cholesterol   A heart mu						
8. Has a doctor ever fold you that you have any heart problems? If so, check all that apply:    High cholestord   A heart murmur     Sexussaki disease   Other:   9. Has a obtore ever ordered a test for your heart? (For example, ECG/EKG, etchicardiogram)   10. De you get lightmadd or feel more short of breath than expected during exercise?   11. Have you ever had an unexplained seizure?   12. De you get more tried or short of breath more quickly than your friends during exercise?   13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 including drowning, unexplained cardiocther, or adden intent death syndrome; Polymorphic verticular cardiomyopathy, Marfan syndrome, arrhythmogenic right twichtical racidropropathy, Marfan syndrome, arrhythmogenic right twichtical racidropropathy, floor of seizures or marked officialization.   14. Boes anyone in your family have a heart problem, pacemaker, or implanted diethrilitation?   15. Does anyone in your family have unexplained fainting, unexplained existing and the problems or death spindrome; Polymorphic volus to miss a practice or a game?   16. Have you ever had an injury that pactice, or a game?   17. Have you ever had an injury that equired x-rays, MRI, CT scan, injections, therapy, a brose, a cast, or crutches?   18. Have you ever had an injury that equired x-rays, MRI, CT scan, injections, therapy, a brose, a cast, or crutches?   18. Have you ever had an injury that equired x-rays, MRI, CT scan, injections, therapy, a brose, a cast, or crutches?   19. Have you ever had an injury that equired x-rays, MRI, CT scan, injections, therapy, a brose, a cast, or crutches?   19. Have you ever had an injury that entired is considerable device.   19. Have you ever had an injury that entired is considerable device.   19. Have you ever had an injury that entired is considerable device.   19. Have you eve	7. Does your heart ever race or skip beats (irregular beats) during exercise?					
High blood pressure   A heart mertur						
High cholesteror   A heart infection   Mer.   Separate of the content of the co	,			37. Do you have headaches with exercise?		
echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected during exercises?  11. Have you ever had an unexplained setzure?  12. Do you get more lired or short of breath more quickly than your friends during exercises?  12. Do you get more lired or short of breath more quickly than your friends during exercises?  13. Has any family member or relative died of heart problems or had an unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome) and unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome) and syndrome, arrhythmogenic right ventricular cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Marfan spuriome, arrhythmogenic right ventricular cardiomyopathy, Marfan selzures, or near drowning?  15. Does anyone in your family have a heart problem, pacemaker, or implanted defibriliator?  15. Does anyone in your family have a heart problem, pacemaker, or implanted defibriliator?  16. Has anyone in your family have a heart problem, pacemaker, or implanted defibriliator?  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  19. Have you ever had an injury to a bone, muscle, or joint injury that bothers you?  20. Have you ever had an injury to a bone purcle or a game?  21. Have you ever had an injury to a bone purcle or a game?  22. Do you regularly use a brace, ortholics, or other assistive device?  23. Do you have a bone, muscle, or joint injury that bothers you?  24. Do any ower protective eyewers, such as goggles or a face shield?  45. Do any ower protective eyewers, such as goggles or a face shield?  46. Do you were protective eyewers, such as goggles or a face shield?  47. Do you were pr	☐ High cholesterol ☐ A heart infection					
during exercise?  11. Have you ever had an unexplained seizure?  12. Do you great more tired or short of breath more quickly than your friends during exercise?  13. Has any family member or relative died of heart problems or had an unexplained sudden death before age \$50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family have unexplained fainting, unexplained seitures, or near drowning?  15. Does anyone in your family have unexplained fainting, unexplained seitures, or near drowning?  16. Has anyone in your family had unexplained fainting, unexplained seitures, or near drowning?  17. Have you ever had an injury that obne, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, c acts, or crutches?  19. Have you ever had an siress fracture?  20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, c acts, or crutches?  21. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, c acts, or crutches?  22. Do you regularly use a brace, or those, so rother assistive device?  23. Do you have a bone, muscle, or joint injury that bothers you?  24. Do any of your joints become painful, swollen, feel warm, or look red?  25. Do you have a bone, muscle, or joint injury that bothers you?  26. Have you ever had an eating disor						
11. Have you ever had an unexplained seizure? 12. Do you get more tired or short of breath more quickly than your friends during exercise?  HEART HEALTH QUESTIONS ABOUT YOUR FAMILY 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden dath before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic verticular tachyerdrai?  15. Does anyone in your family have a heart problem, pacemaker, or implanted definitiator?  16. Has anyone in your family have a heart problem, pacemaker, or implanted definitiator?  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury to a bone, muscle, ligament, or tendon injections, therapy, a brace, a cast, or crutches?  20. Have you ever had an airy to that required x-rays, MRI, CT scan, nijections, therapy, a brace, a cast, or crutches?  21. Have you have a brone, muscle, or joint injury that bothers you?  22. Do you regularly use a brace, ortholic, or other assistive device?  23. Do you have any history of juvenile arthrits or connective tissue disease?  14. Have you bear of my knowledge, my answers to the above questions are complete and correct.  42. Do you or someone in your family have sike cell trait or disease?  43. Have you had any problems with your eyes or vision?  44. Have you had any problems with your eyes or vision?  44. Have you had any eye injuries?  46. Do you wear prosective eyewer, such as goggles or a face shield?  47. Do you worn about your weight?  48. Are you trying toor has anyone recommended that you gain or lose weight?  49. Are you trying toor has anyone recommended that you would in the last 12 months?  50. Have you ever had an eating disorder?  51. How you ever had an eating disorder?  52. How you ever had an injury to a bone, mu						
12. Do you get more tired or short of breath more quickly than your friends during exercise?  13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained sudden death before age 50 (including offerwing), unexplained sudden death before age 50 (including syndrome, short OT syndrome, short OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family have hypertrophic cardiomyogathy, long OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family had unexplained fainting, unexplained defibrillator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury to a bone, muscle, unexplained serve had an injury to a bone, muscle and provide in your family serve that an injury that you have or had an injury that you have or had your first menstrual period?  19. Have you ever had an injury that you have or have you had an x-ray for neck instability or attantoxical instability? (Down syndrome or dwarfism)  20. Do you regularly use a brace, orthotics, or other assistive device?  21. Have you ever had an eating distorter?  22. Do you have a bone, muscle, or						
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  13. Has any family member or relative died of heart problems or had an unspected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, shrt Off syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family have a heart problem, pacemaker, or implanted defibriliator?  16. Has anyone in your family have unexplained fainting, unexplained selections, or near drowning?  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  20. Have you ever had an injury to a bone or dislocated joints?  19. Have you ever had an injury to a trequired x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  21. Have you ever had as injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  22. Do you regularly use a brace, orioint injury that bothers you?  23. Do you have a bone, muscle, or joint injury that bothers you?  24. Do any of your joints become painful, swollen, feel warm, or look red?  25. Do you have any history of juvenile arthritis or connective tissue disease?  1 Inereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.  Signature of athlete  Signature of parent/gurdan  2					-	_
HARTH HALTH QUESTIONS ABOUT YOUR FAMILY  13. 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)?  14. Does anyone in your family have hypertrophic cardiomyopathy, Margo gardiomy, syndrome, arrhythmogenic right ventricular cardiomyopathy, Inong QTI syndrome, arrhythmogenic right ventricular cardiomyopathy. Ino					-	
unexpected of unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  16. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  17. Have sou ever had an injury that unexplained sizures, or near drowning?  18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or curches?  20. Have you ever had as stress fracture?  21. Have you ever had a stress fracture?  22. Do you regularly use a brace, orthotics, or other assistive device?  23. Do you have a bone, muscle, or joint injury that bothers you?  24. Do any of your joints become painful, swollen, feel warm, or look red?  25. Do you have any history of juvenile arthritis or connective tissue disease?  10. Hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.  25. Signature of parent/quardian	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No			
drowning, unexplained car accident, or sudden infant death syndrome)?  14. Does anyone in your family have phertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Marfan syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoxial instability? (Down syndrome or dwarfism)  22. Do you regularly use a brace, orthotics, or other assistive device?  23. Do you have a bone, muscle, or joint injury that bothers you?  24. Do any of your joints become painful, swollen, feel warm, or look red?  25. Do you have any history of juvenile arthritis or connective tissue disease?  1 Ihereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.  Signature of athlete  Signature of parent/quardian  47. Do you vory ry about tyour ry abourtyry about rying toor has anyone recommended that you gain or lose weight?  48. Are you trying to or has anyone recommended that you gain or lose weight?  49. Are you on a special diet or do you avoid certain types of foods?  50. Have you ever had an eating disorder?  51. Have anyou ever had an eating disorder?  52. Have you ever had an injury that least 12 months?  53. How of were you when you had your first menstrua				3 0		
I lose weight?  49. Are you on a special diet or do you avoid certain types of foods?  50. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had a stress fracture?  21. Have you ever had a stress fracture?  22. Do you regularly use a brace, or flottics, or other assistive device?  23. Do you have a bone, muscle, or joint injury that bothers you?  24. Do any of your joints become painful, swollen, feel warm, or look red?  25. Do you have any history of juvenile arthritis or connective tissue disease?  10. Hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.  11. Inspections, therapy, a three, or joint injury that bothers you?  26. Do you have an bone, muscle, or joint injury that bothers you?  27. Do you have an bone, muscle, or joint injury that bothers you?  28. Do you have an bone, muscle, or joint injury that bothers you?  29. Do you have an bone, muscle, or joint injury that bothers you?  29. Do you have an bone, muscle, or joint injury that bothers you?  20. Have you ever had an injury that bothers you?  21. Have you ever been told that you have or have you had an x-ray for neck instability or diamtoxaid instability? (Down syndrome or dwarfism)  20. Do you have a bone, muscle, or joint injury that bothers you?  21. Do you have any history of juvenile arthritis or connective tissue disease?  22. Do you have any history of juvenile arthritis or connective tissue disease?  23. Do you have any history of juvenile arthritis or connective tissue disease?  24. Do you have any history of juvenile arthritis or connective tissue disease?				47. Do you worry about your weight?		
polymorphic ventricular tachycardia?  15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had any broken or fractured bones or dislocated joints?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had an stress fracture?  11. Have you ever had any broken or fave you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)  22. Do you regularly use a brace, orthotics, or other assistive device?  23. Do you have a bone, muscle, or joint injury that bothers you?  24. Do any of your joints become painful, swollen, feel warm, or look red?  25. Do you have any history of juvenile arthritis or connective tissue disease?  1 I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.  50. Have you ever had an eating disorder?  51. Do you have any concerns that you would like to discuss with a doctor?  52. Have you ever had a menstrual period?  53. How old were you when you had your first menstrual period?  54. How many periods have you had in the last 12 months?  Explain "yes" answers here  Explain "yes" a	syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT					
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or cutches?  19. Have you ever had a sitess fracture?  20. Have you ever had a sitess fracture?  21. Have you ever been told that you have or have you had an x-ray for neck instability or attantoxical instability? (Down syndrome or dwarfism)  22. Do you regularly use a brace, orthotics, or other assistive device?  23. Do you have any history of juvenile arthritis or connective tissue disease?  1 hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.  Signature of parent/guardian  5 . Have you ever had an eating disorder?  51. Do you have any ouncerns that you would like to discuss with a doctor?  51. Do you have any periods have you had an enstrual period?  52. How old were you when you had your first menstrual period?  54. How many periods have you had in the last 12 months?  Explain "yes" answers here  Explain "yes" answers here  Explain "yes" answers here  14. How many periods have you had in the last 12 months?  Explain "yes" answers here  15. Do you regularly use a brace, orthotics, or other assistive device?  16. How many periods have you had in the last 12 months?  15. Have you ever had an enting of some you had an array for neck injections, therefore, a cast, or cutches?  16. How many periods have you had in the last 12 months?  16. How many periods have you had in the last 12 months?  16. How many periods have you had in the last 12 months?  16. How many periods have you had in the last 12 months?  16. How many periods have you had in the last 12 months?  16. How many periods have you had in the last 12 months?  16. How many periods have you ha				3 1 31		
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HE0503

9-2681/0410

#### MOUNTAIN LAKES HIGH SCHOOL

#### ■ PREPARTICIPATION PHYSICAL EVALUATION

# THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

	of Exam					
Name	)			Date of birth		
	Age	Grade	School			
JUN		arado		Operator		
_	Type of disability					
	Date of disability					
3. (	Classification (if available)					
_		sease, accident/trauma, other)				
5. L	ist the sports you are inter	ested in playing				
					Yes	No
		e, assistive device, or prostheti				
	, , ,	ce or assistive device for sports				
_		essure sores, or any other skin	problems?			
		? Do you use a hearing aid?				
_	Do you have a visual impair		ion 2			
_	Do you use any special dev Do you have burning or disc	ices for bowel or bladder functi	on?			
_	lave you had autonomic dy					
_			hermia) or cold-related (hypothermia) illnes	s?		
	Do you have muscle spastic		mermia, or cold-related (hypothermia) limes	o:		
		res that cannot be controlled by	v medication?			
	in "yes" answers here		, medication.			l
Ехріа	iii yes aliswers liere					
Pleas	e indicate if you have eve	r had any of the following.				
A41=					Yes	No
Allan	toaxial instability					
V =0.		inetability				
	evaluation for atlantoaxial					
Dislo	evaluation for atlantoaxial cated joints (more than one					
Dislo Easy	vevaluation for atlantoaxial cated joints (more than one bleeding					
Dislo Easy Enlar	r evaluation for atlantoaxial cated joints (more than one bleeding ged spleen					
Dislo Easy Enlar Hepa	r evaluation for atlantoaxial cated joints (more than one bleeding ged spleen titis					
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