Print Form

Luna Community College Athletics Health History Questionnaire

Fill out form, print and sign

Name: Sex: Age:

Sport: Phone:

Explain "Yes" answers if not self explanatory. Circle questions you don't know the answers to.

1). Have you had a medical illness or injury since your last check-up or sports physical? ☐ **Yes** ☐ **No**

2). Have you been hospitalized overnight? ☐ **Yes** ☐ **No**

3). Are you currently taking any prescription or nonprescription medication or pills? ☐ **Yes** ☐ **No**

Have you ever taken or are you currently taking any supplements or vitamins to help you gain or lose weight or improve your performance? ☐ **Yes** ☐ **No**

4). Do you have any allergies (medications, pollen, food, sting insects)? ☐ **Yes** ☐ **No**

5). Have you ever passed out during or after exercise? ☐ **Yes** ☐ **No**

Have you ever been dizzy during or after exercise? ☐ **Yes** ☐ **No**

Have you ever had chest pain during or after exercise? ☐ **Yes** ☐ **No**

Do you get tired more quickly than your friends when exercising? ☐ **Yes** ☐ **No**

Have you ever had racing of your heart or skipped beat? ☐ **Yes** ☐ **No**

Have you had high blood pressure or high cholesterol? ☐ **Yes** ☐ **No**

Have you ever been told that you have a heart murmur? ☐ **Yes** ☐ **No**

Have you had a severe viral infection (i.e. Mono) within the last month? ☐ **Yes** ☐ **No**

Has a physician ever denied or restricted your participation in sports for any heart problems? ☐ **Yes** ☐ **No**

Has any family member or relative ever died of heart problems or sudden death before the age of 50? ☐ **Yes** ☐ **No**

If so how is this person related to you?

Is there a family history of heart problems in a close relative younger than the age of 50? ☐ **Yes** ☐ **No**

If so how is this person related to you?

Is there a family history of chronic illness? ☐ Yes ☐ No

6). Do you have any current skin problems? ☐ Yes ☐ No

7). Have you ever has a head injury or concussion? ☐ Yes ☐ No

Have you ever been knocked out, become unconscious, or lost your memory? ☐ Yes ☐ No

Have you ever had a seizure? ☐ Yes ☐ No

Do you have frequent or severe headaches? ☐ Yes ☐ No

Have you ever had numbness or tingling in your arms, hands, legs or feet? ☐ Yes ☐ No

Have you ever had a stinger, burner, or pinched nerve? ☐ Yes ☐ No

8). Have you ever become ill from exercising in the heat? ☐ Yes ☐ No

9). Do you cough, wheeze, or have trouble breathing during or after activity? ☐ Yes ☐ No

Do you have asthma? ☐ Yes ☐ No

Do you have seasonal allergies that require medical treatment? ☐ Yes ☐ No

Do you use an inhaler? ☐ Yes ☐ No

10). Do you have complete and functional set paired organs (i.e. eyes, ears, testicles etc…) ☐ Yes ☐ No

11). Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (i.e. knee braces, special neck roll, foot orthotics, retainer in your teeth, hearing aid etc…) ☐ Yes ☐ No

12). Have you ever had any problems with your eyes or vision? ☐ Yes ☐ No

13). Have you had a sprain, strain, or swelling after an injury? ☐ Yes ☐ No

Have you ever broken or fractured any bones or dislocated any joints? ☐ Yes ☐ No

Have you ever had any problems with pain or swelling in muscles, tendons, bones, or joints? If YES **check** the appropriate body part and explain: ☐ Yes ☐ No

☐ Head ☐ Elbow ☐ Hip ☐ Forearm ☐ Thigh ☐ Back ☐ Wrist

☐ Knee ☐ Chest ☐ Hand ☐ Shin/Calf ☐ Shoulder ☐ Finger ☐ Ankle

☐ Foot ☐ Upper Arm

14). Have you ever had an eating disorder? ☐ Yes ☐ No

15). Do you want to weigh more or less than you do right now? ☐ Yes ☐ No

Do you lose weight regularly to meet weight? ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No

Do you use tobacco or smoke? ☐ Yes ☐ No

Do you use street drugs? ☐ Yes ☐ No

Females ONLY

16). At what age was your first menstrual period?

17). When was your most recent menstrual period?

18). How much time do you usually have from the start of one period to the start of another?

19). How many periods have you had in the last year?

20). What was the longest time between period in the last year?

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

_____
Signature of Athlete

Date: _____