# Erskine Academy Athletics Pre-Participation Health Form/History

**(*To be filled out by student & parent/guardian*)** Date: ______________________

Name: ________________________________ Sex: ___ Age: __ Date of Birth: ______________

Grade: ___ Sport: (fall) _____________ (winter) ___ _______ ___ (spring) ______________

Address: __________________________________________________________ (*address/city/state/zip*)

Phone: ________________________________

*Explain "Yes" answers in space provided below:*

1. Have you ever been hospitalized? ........................................................................ Yes No
2. Have you ever had surgery? ............................................................................... Yes No
3. Are you presently taking any medications or pills?.................................................... Yes No
4. Do you have any allergies (medicine, bees, or other stinging insects)?....................... Yes No
5. Have you ever passed out during or after exercise? .................................................. Yes No
6. Have you ever been dizzy during or after exercise? .................................................. Yes No
7. Have you ever had chest pain during or after exercise? ............................................ Yes No
8. Do you tire more quickly than your friends during exercise? ...................................... Yes No
9. Have you ever had high blood pressure? ................................................................. Yes No
10. Have you ever been told that you have a heart murmur? ......................................... Yes No
11. Have you ever had racing of your heart or skipped heart beats? ............................. Yes No
12. Has anyone in your family died of heart problems or a sudden death before age 50? Yes No
13. Do you have any skin problems (itching, rashes, acne)? ......................................... Yes No
14. Have you ever had a head injury? ........................................................................ Yes No
15. Have you ever been knocked out or unconscious? .................................................. Yes No
16. Have you ever had a seizure? ............................................................................... Yes No
17. Have you ever had a stinger, burner, or pinched nerve? .......................................... Yes No
18. Have you ever had heat or muscle cramps? ............................................................ Yes No
19. Have you ever been dizzy or passed out in the heat? .............................................. Yes No
20. Do you have trouble breathing or do you cough during or after activity? .................... Yes No
21. Do you use any special equipment (pads, braces, neck rolls, mouth guards, eye guards, etc.)? ........................................................................................................ Yes No
22. Have you had any problems with your eyes or vision? ............................................. Yes No
23. Do you wear glasses or contacts or protective eye wear? ....................................... Yes No
24. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints? ........................................................................................ Yes No
    Head__ Shoulder__ Thigh__ Neck__ Elbow__ Knee__ Chest__ Foot__ Forearm__
    Shin/calf__ Back__ Wrist__ Ankle__ Hip__ Hand__
25. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? ........................................................................................................ Yes No


*Reviewed 7/22/16*

26. Have you had any medical problem or injury since your last evaluation? .................. Yes No
27. When was your last tetanus shot? ___________
28. When was your last measles immunization? __________

Explain "Yes" answers (use additional paper if needed):

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Signature of Athlete: ____________________________________________ Date: ______________

Signature of parent/guardian: ____________________________________ Date: ______________


*Reviewed 7/22/16*