

## Sports Participation Questionnaire

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Sport(s) \_\_\_\_\_

### Medical History

#### Do you have...?

History of operation(s)  
Serious allergies  
Medications to take:

### Any family history of:

Diabetes  
Heart disease  
Seizures  
Sudden unexplained death

### Review of Systems

#### Have you ever had...?

Irregular pulse  
Heart disease  
High blood pressure  
Collapsed lung  
Single testicle  
Complicated disease  
Enlarged spleen  
Single eye  
Thyroid disease

Kidney disease  
Retinal injury  
Seizures  
Ulcers  
Jaundice  
Diabetes  
Asthma  
Hernia

### Injury History

#### Have you had...?

Head injury/Concussion  
Neck injury  
Ankle injury  
Shoulder separation/dislocation

Heat illness  
Fractures  
Knee injury  
Other injury

(Signature) \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Date \_\_\_\_\_