Date:_____ Name:_____ Age:_____
Sport(s) Played: _____

Sports Physical Questions

	Yes	No
Do you cough, wheeze, or have other difficulty breathing after exercise?	☐	☐
Have you ever used an inhaler or taken asthma medication?	☐	☐
Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	☐	☐
Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
Have you ever passed out DURING or AFTER exercise?	☐	☐
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	☐	☐
Has a doctor ever told you that you have any heart problems?	☐	☐
Have you ever had an unexpected seizure?	☐	☐
Do you get more tired or short of breath more quickly than your friends during exercise?	☐	☐
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)?	☐	☐
Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?	☐	☐
Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	☐	☐
Do you have a bone, muscle, or joint injury that bothers you?	☐	☐
Do you have groin pain or a painful bulge or hernia in the groin area?	☐	☐
Have you had infectious mononucleosis (mono) within the last month?	☐	☐

Check all that apply:
☐ High Blood Pressure ☐ High Cholesterol ☐ Heart murmur
☐ Kawasaki disease ☐ A heart infection ☐ Other: _____

Explain any yes answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are accurate.

Signature of athlete: _____ Signature of parent/guardian: _____

_____MD