Preparticipation Physical Evaluation

HISTORY FORM

DATE OF EXAM ____________________

Name ____________________ **Sex** ______ **Age** ______ **Date of birth** ____________

Grade ____ **School** ____________ **Sport(s)** ____________________

Address ____________________ **Phone** ____________

Personal physician ____________________

In case of emergency, contact

Name ____________ **Relationship** ________ **Phone (H)** ____________ **(W)** ____________

Explain "Yes" answers below.
Circle questions you don't know the answers to.

	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2. Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	☐	☐
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	☐	☐
5. Have you ever passed out or nearly passed out DURING exercise?	☐	☐
6. Have you ever passed out or nearly passed out AFTER exercise?	☐	☐
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
8. Does your heart race or skip beats during exercise?	☐	☐
9. Has a doctor ever told you that you have (check all that apply): ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection		
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	☐	☐
11. Has anyone in your family died for no apparent reason?	☐	☐
12. Does anyone in your family have a heart problem?	☐	☐
13. Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
14. Does anyone in your family have Marfan syndrome?	☐	☐
15. Have you ever spent the night in a hospital?	☐	☐
16. Have you ever had surgery?	☐	☐
17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:	☐	☐
18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:	☐	☐
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	☐	☐

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/toes

	Yes	No
20. Have you ever had a stress fracture?	☐	☐
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	☐	☐
22. Do you regularly use a brace or assistive device?	☐	☐
23. Has a doctor ever told you that you have asthma or allergies?	☐	☐
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
25. Is there anyone in your family who has asthma?	☐	☐
26. Have you ever used an inhaler or taken asthma medicine?	☐	☐
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	☐	☐
28. Have you had infectious mononucleosis (mono) within the last month?	☐	☐
29. Do you have any rashes, pressure sores, or other skin problems?	☐	☐
30. Have you had a herpes skin infection?	☐	☐
31. Have you ever had a head injury or concussion?	☐	☐
32. Have you been hit in the head and been confused or lost your memory?	☐	☐
33. Have you ever had a seizure?	☐	☐
34. Do you have headaches with exercise?	☐	☐
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
36. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
37. When exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
39. Have you had any problems with your eyes or vision?	☐	☐
40. Do you wear glasses or contact lenses?	☐	☐
41. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
42. Are you happy with your weight?	☐	☐
43. Are you trying to gain or lose weight?	☐	☐
44. Has anyone recommended you change your weight or eating habits?	☐	☐
45. Do you limit or carefully control what you eat?	☐	☐
46. Do you have any concerns that you would like to discuss with a doctor?	☐	☐
FEMALES ONLY		
47. Have you ever had a menstrual period?	☐	☐

48. How old were you when you had your first menstrual period? ______

49. How many periods have you had in the last year? ______

Explain "Yes" answers here: ____________________

____

____

____

____

____

____

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

Signature of athlete ____________ Signature of parent/guardian ____________ Date ______

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Obligatorio Mandatory

FORMULARIO DE HISTORIA CLÍNICA
HISTORY FORM

Evaluación física de preparticipación Preparticipation Physical Evaluation

Fecha del examen Date of Exam ______________

Nombre Name ______________ **Sexo** Sex ______ **Edad** Age ______ **Fecha de nacimiento** Date of birth ______________

Grado Grade ______ **Escuela** School ______________ **Deporte(s)** Sport(s) ______________

Dirección Address ______________ **Teléfono** Phone ______________

Médico personal Personal Physician ______________

En caso de emergencia, contáctese con: *In case of emergency, contact:*

Nombre Name ______________ **Relación** Relationship ______________ **Teléfono (Particular)** Phone (H) ______________ **Teléfono (del trabajo)** Phone(W) ______________

Explique las respuestas por "Sí" abajo. Explain "Yes" answers below.
Marque con un círculo las preguntas cuyas respuestas desconoce. Circle questions you don't know the answers to.

	Sí Yes	No No
1. ¿Alguna vez un médico le negó o restringió su participación en deportes por algún motivo? Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2. ¿Actualmente sufre alguna afección médica (como diabetes o asma)? Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐
3. ¿Actualmente está tomando alguna píldora o medicamento recetado o no recetado (de venta libre)? Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	☐	☐
4. ¿Tiene alergias a los medicamentos, al polen, a los alimentos o a las picaduras de insectos? Do you have allergies to medicines, pollens, foods, or stinging insects?	☐	☐
5. ¿Alguna vez se desmayó o estuvo a punto de desmayarse DURANTE la actividad física? Have you ever passed out or nearly passed out DURING exercise?	☐	☐
6. ¿Alguna vez se desmayó o estuvo a punto de desmayarse DESPUÉS DE la actividad física? Have you ever passed out or nearly passed out AFTER exercise?	☐	☐
7. ¿Alguna vez sintió molestias, dolor o presión en el pecho durante la actividad física? Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
8. ¿El corazón le palpita o tiene latidos irregulares durante la actividad física? Does your heart race or skip beats during exercise?	☐	☐
9. ¿Alguna vez el médico le dijo que tiene lo siguiente?: (Marque todas las que correspondan): Has a doctor ever told you that you have (check all that apply): ☐ **Alta presión arterial** High blood pressure ☐ **Soplo cardíaco** A heart murmur ☐ **Colesterol alto** High cholesterol ☐ **Infección cardíaca** A heart infection		
10. ¿Alguna vez el médico le indicó una prueba cardíaca? (por ejemplo: ECG, ecocardiograma) Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)	☐	☐
11. ¿Algún miembro de su familia falleció sin una razón aparente? Has anyone in your family died for no apparent reason?	☐	☐
12. ¿Alguien de su familia tiene un problema cardíaco? Does anyone in your family have a heart problem?	☐	☐
13. ¿Algún miembro de la familia o pariente murió por problemas cardíacos o muerte súbita antes de los 50? Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
14. ¿Algún miembro de la familia tiene el síndrome de Marfan? Does anyone in your family have Marfan syndrome?	☐	☐
15. ¿Alguna vez pasó la noche en un hospital? Have you ever spent the night in a hospital?	☐	☐
16. ¿Alguna vez se sometió a una cirugía? Have you ever had surgery?	☐	☐
17. ¿Alguna vez tuvo una lesión, como un esguince, desgarro muscular o de ligamentos o tendinitis, que le hiciera perder un entrenamiento o un partido? Si la respuesta es afirmativa, marque con un círculo el área afectada: Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below.	☐	☐
18. ¿Alguna vez se quebró o fracturó un hueso o se dislocó las articulaciones? Si la respuesta es afirmativa, marque con un círculo el área afectada: Have you had any broken or fractured bones or dislocated joints? If yes, circle below.	☐	☐
19. ¿Tuvo una lesión ósea o articular que requiriese radiografías, MRI, CT, cirugía, inyecciones, rehabilitación, fisioterapia, un corsé, un yeso o muletas? Si la respuesta es afirmativa, marque con un círculo abajo: Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below.	☐	☐

Cabeza Head	Cuello Neck	Hombro Shoulder	Brazo Upper Arm	Codo Elbow	Antebrazo Forearm	Mano/ Dedos Hand/ Fingers	Pecho Chest
Espalda dorsal Upper Back	Espalda lumbar Lower Back	Cadera Hip	Muslo Thigh	Rodilla Knee	Pantorrilla/ espinilla Calf/ Shin	Tobillo Ankle	Pie/ dedos Foot/ Toes

	Sí Yes	No No
20. ¿Alguna vez tuvo una fractura por estrés? Have you ever had a stress fracture?	☐	☐
21. ¿Alguna vez le dijeron que se hiciera —o se hizo— un radiografía por inestabilidad atlantoaxial (cuello)? Has anyone you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	☐	☐
22. ¿Normalmente usa un corsé o dispositivo de sostén? Do you regularly use a brace or assistive device?	☐	☐
23. ¿Alguna vez el médico le dijo que tiene asma o alergias? Has a doctor ever told you that you have asthma or allergies?	☐	☐
24. ¿Tose, tiene sibilancia o dificultades para respirar durante o después de la actividad física? Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
25. ¿Alguna persona de su familia tiene asma? Is there anyone in your family who has asthma?	☐	☐
26. ¿Alguna vez usó un inhalador o tomó medicamentos para el asma? Have you ever used an inhaler or taken asthma medicine?	☐	☐
27. ¿Nació sin —o le falta— un riñón, un ojo, un testículo o cualquier otro órgano? Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	☐	☐
28. ¿Tuvo mononucleosis (mono) infecciosa en el último mes? Have you had infectious mononucleosis (mono) within the last month?	☐	☐
29. ¿Tiene alguna erupción, escaras por decúbito u otros problemas cutáneos? Do you have any rashes, pressure sores, or other skin problems?	☐	☐
30. ¿Tuvo una infección por herpes cutáneo? Have you had a herpes skin infection?	☐	☐
31. ¿Alguna vez tuvo una lesión o concusión en la cabeza? Have you ever had a head injury or concussion?	☐	☐
32. ¿Alguna vez se golpeó la cabeza y estuvo confundido o perdió la memoria? Have you been hit in the head and been confused or lost your memory?		
33. ¿Alguna vez tuvo un ataque? Have you ever had a seizure?	☐	☐
34. ¿Tiene dolores de cabeza con la actividad física? Do you have headaches with exercise?	☐	☐
35. ¿Alguna vez tuvo entumecimiento, cosquilleo o debilidad en los brazos o piernas después de golpearse o caerse? Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
36. ¿Alguna vez estuvo imposibilitado de mover los brazos o piernas después de golpearse o caerse? Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
37. Si debe hacer actividad física cuando hace calor, ¿tiene calambres musculares severos o se descompone? When exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐
38. ¿Algún médico le dijo a usted o a alguien de su familia tiene la enfermedad de las células falciformes o características de la misma? Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
39. ¿Alguna vez tuvo un problema con los ojos o la vista? Have you had any problems with your eyes or vision?	☐	☐
40. ¿Usa anteojos o lentes de contacto? Do you wear glasses or contact lenses?	☐	☐
41. ¿Usa anteojos protectores, como por ejemplo gafas o máscaras para la cara? Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
42. ¿Está conforme con su peso? Are you happy with your weight?	☐	☐
43. ¿Está tratando de engordar o adelgazar? Are you trying to gain or lose weight?	☐	☐
44. ¿Alguien le recomendó que cambiar de peso o de hábitos alimentarios? Has anyone recommended you change your weight or eating habits?	☐	☐
45. ¿Usted limita o controla cuidadosamente lo que come? Do you limit or carefully control what you eat?	☐	☐
46. ¿Tiene alguna inquietud sobre la que le gustaría hablar con su médico? Do you have any concerns that you would like to discuss with a doctor?	☐	☐
SÓLO PARA MUJERES FEMALES ONLY		
47. ¿Alguna vez tuvo un período menstrual? Have you ever had a menstrual period?	☐	☐
48. ¿A qué edad tuvo su primer período menstrual? ______ How old were you when you had your first menstrual period?	☐	☐
49. ¿Cuántos períodos menstruales ha tenido en los últimos 12 meses? ______ How many periods have you had in the last 12 months?	☐	☐

Explique las respuestas por "Sí" aquí: Explain "Yes" answers here:

____
____
____
____
____
____

Por el presente declaro que a mi leal saber y entender, las respuestas dadas a las preguntas anteriores son completas y correctas.
I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
Firma del deportista Signature of Athlete ______________ **Firma del padre/tutor** Signature of Parent/Guardian ______________ **Fecha** Date ______________

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