Pre-Participation Medical History Form

Steens Mt. Running Camp

Name _____ Date of Birth _____ /_____ /_____ Age _____ ☐ female ☐ male

Grade _____ School _____ Coach _____

Primary Care Physician _____ Phone (____) _____

Emergency Contact _____ Relationship _____ Phone(s) _____

		Yes	No
1	Are your immunizations up to date? (If "no", please explain on back)		
	For the following questions please explain "yes" answers on the back of this sheet	***!!***	***!!***
2	Has a Dr. ever denied/restricted your participation in sports for any reason?		
3	Do you have any chronic medical conditions (asthma, diabetes, seizures, etc)?		
4	Are you currently taking any prescription or over the counter medications?		
5	Do you have any allergies to medications, foods, pollens or insect (bee) stings?		
6	Have you ever passed out or nearly passed out DURING or AFTER exercise?		
7	Have you ever had pain, pressure or discomfort in your chest during exercise?		
8	Has your doctor ever told you that you have a heart murmur and/or ordered a test for your heart (EKG, echocardiogram)?		
9	Has anyone in your family ever died for no apparent reason before the age of ?		
10	Have you ever spent the night in the hospital and/or had surgery?		
11	Do you cough, wheeze or have any difficulty breathing during or after exercise?		
12	Were you born without or are you missing kidney, eye, testicle or other organ?		
13	Have you had infectious mononucleosis (Mono) within the last month?		
14	Do you have any rashes, skin problems or skin infections?		
15	Have you ever had a head injury, concussion or seizure?		
16	Do you have headaches with exercise?		
17	When exercising in the heat do you have severe muscle cramps or become ill?		
18	Does anyone in your family have Sickle Cell Disease or Sickle Cell Trait?		
19	Does anyone in your family have Marfan Syndrome?		
20	Do you have any problems with your eyes or vision?		
21	Are you trying to gain or lose weight?		
22	Do you limit or carefully control what you eat?		
23	Have you ever had an injury that caused you to miss a practice, game or meet?		
24	Have you ever had a fracture or dislocation?		
25	Have you ever been told you need an x-ray for atlantoaxial (neck) instability?		
26	Do you regularly use a brace or assist device?		

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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