

ANNUAL HEALTH/SCHOOL/SPORTS/CAMP HISTORY©

Patients Name: _____ Address _____

Age: _____ Sex: M / F What school/sports/camp ? _____

HISTORY: If the answer to any of the questions below is yes, explain in the space under the question.

1. Are you allergic to any medicines?..... Yes/No
2. Are you allergic to any animals, stinging insects, or plants?.....Yes/No
3. Are you currently taking any medications?.....Yes/No
4. Have you ever been hospitalized? Yes/No
5. Have you ever had any surgery?..... Yes/No
6. Have you ever: Passed out during or after exercise?..... Yes/No
 Been dizzy during or after exercise?Yes/No
 Had chest pain during or after exercise?Yes/No
 Do you tire more quickly than your friends? Yes/No
 Had high blood pressure? Yes/No
 Been told you have a heart murmur? Yes/No
 Racing of your heart or skipped beats? Yes/No
7. Has anyone in your family died of heart problems or sudden death before the age of 50?..... Yes/No
8. Do you have any skin problems (itching, rashes acne)? Yes/No
9. Have you ever had a head injury? Yes/No
 Have you ever been knocked out or unconscious? Yes/No
 Have you ever had a seizure?Yes/No
 Have you ever had a "stinger/burner" or pinched nerve?Yes/No
10. Do you have trouble breathing, coughing or wheezing during exercise?..... Yes/No
11. Do you use any special equipment (eye guards, knee/ankle braces/neck rolls etc).... Yes/No
12. Have you had any problems with eyes or vision (contacts/glasses) Yes/No
13. Have you ever : sprained/strained your joints (ankles, knees, shoulders etc...).... Yes/No
 dislocated, fractured, or broken any bones or joints? Yes/No
 or had repeated swelling or other athletic injuries of bones or joints..... Yes/No
14. Have you had any medical problems not mentioned above? Please circle
 - diabetes
 - Infectious mononucleosis
 - Asthma
15. When was your last Tetanus shot? _____ Last Measles Shot? _____
16. When was your first menstrual period? _____ Your Last menstrual period? _____
 Any problems with your periods? (Pain, cramps, very heavy flow, lasts more than 7 days)

Parents Signature: _____