



# Metropolitan State University of Denver ~ Department of Athletics PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Medicines & Allergies:** Please list all of the prescription and over-the-counter & supplements (herbal & nutritional) that you are currently taking:

Do you currently or have you previously used: \_\_\_ Tobacco \_\_\_ Alcohol \_\_\_ Marijuana \_\_\_ Illegal drugs: \_\_\_\_\_

Do you have any allergies? \_\_\_ Yes \_\_\_ No If yes, write specific allergy & reaction: \_\_\_\_\_

Were you diagnosed with COVID-19? \_\_\_ Yes \_\_\_ No If yes, date of positive test: \_\_\_\_\_

Were you in contact with anyone who was diagnosed with COVID-19 \_\_\_ Yes \_\_\_ No If yes, date of contact: \_\_\_\_\_

**Explain "Yes" answers below. If more space is needed, please use the back of this page.**

GENERAL QUESTIONS	YES	NO	MEDICAL QUESTIONS	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reasons?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: ___ Asthma ___ Anemia ___ (Pre)Diabetes ___ Infections ___ Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever been hospitalized? If so, explain: _____			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>			30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you ever had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you ever had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply ___ High blood pressure ___ A heart murmur ___ High cholesterol ___ A heart infection ___ Kawasaki Disease ___ Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>			39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has a family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexpected car accident, or SIDS)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			41. Do you get frequent muscle cramps when exercising?		
15. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			42. Do you or someone in your family have sickle cell trait or disease?		
<b>BONE AND JOINT QUESTIONS</b>			43. Have you had any problems with your eyes or vision?		
16. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			44. Have you had any eye injuries?		
17. Have you ever had any broken or fractured bones or dislocated joints?			45. Do you wear glasses or contact lenses?		
18. Do you have any incompletely healed injuries?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down Syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone or muscle or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with the doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			52. Do you feel that there is any reason that you should not be able to compete?		
25. Do you have any history of juvenile arthritis or connective tissue disease?			<b>MENTAL HEALTH QUESTIONS</b>		
			53. Have you ever been diagnosed with mental health issues including depression, anxiety, bipolar or an eating disorder?		
			54. Have you ever been diagnosed with ADD or ADHD?		
			<b>FEMALES ONLY</b>		
			55. Have you ever had a menstrual period?		
			56. How old were you when you had your first menstrual period?		
			57. Do you take birth control pills? If yes, which?		
			58. How many periods have you had in the last 12 months?		
			59. Do you have painful or heavy menstrual periods?		
			60. Do you take medication during your menstrual periods?		
			61. Have you had a pelvic exam within 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.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_