2023 - 2024

Student Name:		Date of Birth:	
ichigan high school athletic association Doctor:	Docto	r's Phone: Date of Exam:	
- GENERAL QUESTIONS	Y 1		Y
Has a doctor ever denied or restricted your participation in sports for any reason?		Do you cough, wheeze or have difficulty breathing during or after exercise?	
Do you have any ongoing medical conditions? If so, please identify below:  Ashma Anemia Diabetes Infections Other		Have you ever used an inhaler or taken asthma medicine?	
□ Ashma □ Anemia □ Diabetes □ Infections □ Other:  ve you ever spent the night in the hospital or have you ever had surgery?		Is there anyone in your family who has asthma?	
- HEART HEALTH QUESTIONS ABOUT YOU		Were you born without, or missing a kidney, eye, testicle (males), spleen or any of	other organ?
ve you ever passed out or nearly passed out DURING or AFTER exercise?	Y	grow painter a painter barge of ficting in the ground lear	
ve you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		Have you had infectious mononucleosis (mono) within the last month?	
es your heart ever race or skip beats (irregular beats) during exercise?		Do you have any rashes, pressure sores or other skin problems?	
s a doctor ever told you that you have any heart problems? Check all that apply:		Have you had a herpes or MRSA skin infection?	
☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol		Do you have headaches or get frequent muscle cramps when exercising?	
□ Kawasaki disease □ Other:		Have you ever become ill while exercising in the heat?	
s a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)		Do you or someone in your family have sickle cell trait or disease?	
you get lightheaded or feel more short of breath than expected during exercise?		Have you had any problems with your eyes or vision or any eye injuries?	
you have a history of seizure disorder or had an unexplained seizure?	,	Do you wear glasses or contact lenses?	
you get more tired or short of breath more quickly than your friends during exercise?		Do you wear protective eyewear such as goggles or a face shield?	
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Immunization History: Are you missing any recommended vaccines?	
anyone in your family had unexplained fainting, unexplained seizures or near drowning?	YN	and the state of t	
s anyone in your family have a heart problem, pacemaker or implanted defibrillator?		Have you ever had a head injury or concussion?	
		Do you have any concerns that you would like to discuss with a doctor?	
any family member or relative died of heart problems or had an unexpected or unexplained sudden th before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)? s anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic		Have you ever received a blow to the head that caused confusion, prolonged heamemory problems?	
verificular cardiomyopatny, long QI syndrome, short QT syndrome, Brugada syndrome or cholaminergic polymorphic ventricular tachycardia?		Have you ever had numbness, tingling, weakness or inability to move your arms of after being hit or falling?	or legs
- BONE AND JOINT QUESTIONS	YN	Have you ever had an eating disorder?	
e you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?		Do you worry about your weight?	
e you ever had any broken or fractured bones, dislocated joints or stress fracture?		Are you trying to or has anyone recommended that you gain or lose weight?	
you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		Are you on a special diet or do you avoid certain types of foods?	
Do you regularly use a brace, orthotics or other assistive device?		PASSA- FEMALES ONLY (Optional)	Y
Do you have a bone, muscle or joint injury that bothers you?		Have you ever had a menstrual period?	****************
Do any of your joints become painful, swollen, feel warm or look red?	THE RESERVE	How old were very beautiful for the second s	
		How old were you when you had your first menstrual period?	
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