

Shawnee State University
Preparticipation Medical History Evaluation

Name: _____ Date: _____

Student ID # _____ SS#: _____

Please answer the following questions. Explain all "YES" answers in the space provided at the bottom of this page.

- | | | |
|---|-----|----|
| 1. Are you currently under the care of a physician for any reason? | YES | NO |
| 2. Have you had any recent illnesses? | YES | NO |
| 3. Has anyone in your immediate family died suddenly (under age 50)? | YES | NO |
| 4. Has anyone in your immediate family suffered a heart attack? | YES | NO |
| 5. Does anyone in your immediate family have high blood pressure? | YES | NO |
| 6. Do you suffer from chest pain during exercise? | YES | NO |
| 7. Have you ever experienced dizziness or faintness during exercise? | YES | NO |
| 8. Do you have a history of heart trouble or heart murmur? | YES | NO |
| 9. Do you have a history of heat illness (dehydration, heat exhaustion)? | YES | NO |
| 10. Do you cough with strenuous exercise? | YES | NO |
| 11. Do you follow a special diet during the athletic season? | YES | NO |
| 12. Do you have any known allergies? | YES | NO |
| 13. Do you have asthma or trouble breathing during/after exercise? | YES | NO |
| 14. Have you ever suffered a head injury? | YES | NO |
| 15. Have you ever had a seizure? | YES | NO |
| 16. Have you had any changes in your health status since your last physical exam? | YES | NO |
| 17. Have you ever been hospitalized or had surgery? | YES | NO |

EXPLAIN ALL "YES" RESONSES BELOW:

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

Student-Athletes Signature _____ Date _____

Parent/Guardian Signature (only if athlete under 18) _____ Date _____