PRE-PARTICITPATION PHYSICAL EVALUATION- MEDICAL HISTORY

Answer all questions. Explain any yes answers below.

|  |  |  |
| --- | --- | --- |
| Yes | No | General Information: |
|  |  | 1. Have you had a medical illness or lower extremity injury within the past year? |
|  |  | 1. Have you been hospitalized overnight in the past year for a lower extremity injury? |
|  |  | 1. Have you had surgery in a lower extremity in the past year? |
|  |  | 1. Are you currently taking any prescription or non-prescription (over the counter) medication pills or using an inhaler? |
|  |  | 1. Do you have any health issues that may warrant physician approval before engaging in physical activity? |
| Yes | No | Symptoms—Do you: |
|  |  | 1. Have any allergies? |
|  |  | 1. Get dizzy after exercise? |
|  |  | 1. Have chest pain during or after exercise? |
|  |  | 1. Have racing of your heart or skipped heartbeats? |
|  |  | 1. Have high blood pressure or high cholesterol? |
|  |  | 1. Have any current skin problems (ex: itching, rashes, acne, warts, fungus, or blisters)? |
|  |  | 1. Have you ever had a seizure? If so, when? |
|  |  | 1. Have any problems with your eyes or vision? |
|  |  | 1. Have any problems with hearing? |
|  |  | 1. Have vertigo? |
|  |  | 1. Have any swelling in any of your lower extremities? |
| Yes | No | Other: |
|  |  | 1. Have you had a severe viral infection within the last month or do you have one currently? |
|  |  | 1. Have you ever had a head injury or concussion? If so, when? |
|  |  | 1. Have you ever broken or fractured any bones or dislocated any joints? |

Explain all yes answers:

Emergency Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that all that all the information on this form is correct.

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Participant

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Primary Investigator

PRE-PARTICIPATION PHYSICAL EVALUATION- SUBJECT INFORMATION

Activity Level:

1. Are you physically active? y/n

(Physically active means that you do at least 30 minutes of moderately intense cardio 5 days a week or doing vigorously intense cardio 20 minutes a day, 3 days a week)

Please list the activities that you do for physical activity and include how long and for how many days per week: