

**FORM B - - NIAA PRE-PARTICIPATION HISTORY FORM**  
**(COMPLETED THE ATHLETE'S FIRST AND THIRD YEARS OF PARTICIPATION WITH PHYSICAL)**

<b>HISTORY</b>	<b>DATE OF EXAM:</b> _____
<b>NAME:</b> _____	<b>SEX:</b> _____ <b>AGE:</b> _____ <b>D.O.B.:</b> _____
<b>GRADE:</b> _____ <b>SCHOOL:</b> _____	<b>SPORT(S):</b> _____
<b>ADDRESS:</b> _____	<b>PHONE:</b> _____
<b>PERSONAL PHYSICIAN:</b> _____	
<b>IN CASE OF EMERGENCY, CONTACT- (NAME):</b> _____	
<b>RELATIONSHIP:</b> _____	<b>PHONE (H):</b> _____ <b>(W):</b> _____

**EXPLAIN "YES" ANSWERS BELOW.**  
**CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.**

- |  | YES   | NO    |
|--|-------|-------|
| 1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)?  | _____ | _____ |
| 2. Have you ever been hospitalized overnight?  | _____ | _____ |
| 3. Are you currently taking any prescriptions or non-prescriptions (over-the-counter) medications or pills or using an inhaler?    | _____ | _____ |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  | _____ | _____ |
| 5. a. Have you passed out or been dizzy during exercise?   | _____ | _____ |
| b. Have you had chest pain (or pressure) with exercise?  | _____ | _____ |
| c. Have you had excessive unexplained shortness of breath or fatigue with exercise?  | _____ | _____ |
| d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?        | _____ | _____ |
| e. Is there a history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome? | _____ | _____ |
| f. Has a physician denied or restricted your participation in sports for any heart problem?  | _____ | _____ |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?                          | _____ | _____ |
| 7. a. Have you had a head injury or concussion?  | _____ | _____ |
| b. Have you been knocked out, become unconscious, or lost your memory?   | _____ | _____ |
| c. Have you had a seizure?   | _____ | _____ |
| d. Do you have frequent or severe headaches?   | _____ | _____ |
| e. Have you had numbness or tingling in your arms, hands, legs, or feet?   | _____ | _____ |
| 8. Have you become ill from exercising in the heat?  | _____ | _____ |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity?   | _____ | _____ |

YES NO

- 10. a. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? \_\_\_\_\_ \_\_\_\_\_
- b. Are you missing an eye, kidney, testicle or ovary? \_\_\_\_\_ \_\_\_\_\_
- 11. a. Have you had any problems with your eyes or vision? \_\_\_\_\_ \_\_\_\_\_
- b. Do you wear glasses, contacts or protective eyewear? \_\_\_\_\_ \_\_\_\_\_
- 12. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints? \_\_\_\_\_ \_\_\_\_\_

If yes, check appropriate item and explain below:

- |                |                 |             |                 |
|----------------|-----------------|-------------|-----------------|
| _____ Head     | _____ Elbow     | _____ Hip   | _____ Neck      |
| _____ Forearm  | _____ Thigh     | _____ Back  | _____ Wrist     |
| _____ Knee     | _____ Chest     | _____ Hand  | _____ Shin/Calf |
| _____ Shoulder | _____ Finger(s) | _____ Ankle | _____ Upper Arm |
| _____ Foot     | _____ Toe(s)    |             |                 |

- 13. Are you actively trying to gain or lose weight? \_\_\_\_\_ \_\_\_\_\_
- 14. Would you like to talk to someone about stress, anger, depression, or other issues? \_\_\_\_\_ \_\_\_\_\_
- 15. Record the dates of your most recent immunizations (shots) for:

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_  
 Hepatitis B \_\_\_\_\_ Chickenpox \_\_\_\_\_

**FEMALES ONLY:**

16. When was your first menstrual period? \_\_\_\_\_

17. When was your most recent menstrual period? \_\_\_\_\_

18. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_

19. How many periods have you had in the last year? \_\_\_\_\_

20. What was the longest time between periods in 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.

\_\_\_\_\_  
*Signature of Athlete*                      *Signature of Parent/Guardian*                      *Date*