



Urgent Medical & Family Care

102 Pomona Drive
Greensboro, NC 27407 336-299-0000 Fax 336-299-2335

Sports Participation History Form (Part 1 of 2)

Athlete's Name: _____ **Age:** _____

Athlete's Directions: Please review all questions and answers with your parent or guardian.

Yes	No	Unknown		
			1	Has anyone in the athlete's family (grandmother, mother, father, brother, sister, aunt, uncle), died suddenly before age 50?
			2a	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			2b	Has the athlete ever been told he/she has a heart murmur or heart problem?
			3	Does the athlete have asthma (wheezing) hay fever, or coughing spells after exercise?
			4	Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint?
			5	Does the athlete have a history of concussion (getting knocked out)?
			6	Has the athlete ever suffered a heat-related illness (heat stroke)?
			7	Does the athlete have anything he/she wants to talk to the doctor about?
			8	Does the athlete have a chronic illness or see a doctor regularly for any particular problem? Has the athlete ever been hospitalized?
			9	Does the athlete take any medicine?
			10	Is the athlete allergic to any medications or bee stings?
			11	Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries?)
			12	Does the athlete wear glasses or contacts?
			13	Date of athlete's last tetanus booster: Date _____

Elaborate on any positive answers:

I have reviewed the questions and answers above and give permission for my child to participate in sports.

Parent Signature _____

Print Name _____

Date _____