

2020-2021 SIOUX FALLS SCHOOL DISTRICT PREPARTICIPATION INTERIM MEDICAL HISTORY

This Form must be completed by the student and parent/guardian who has a preparticipation physical dated April 1, 2019 or thereafter and turned into the respective High School Activities Office, prior to the student participating in athletics.

NAME: _____ **GRADE:** _____ **DATE OF BIRTH:** _____

FALL 2020

ANSWER EACH QUESTION SPECIFIC TO "IN THE PAST YEAR" AND EXPLAIN ANY "YES" ANSWER WITH AN ATTACHED DOCUMENT

GENERAL QUESTIONS					Yes	No		
1	Do you have any concerns you'd like to discuss with your provider?							
2	Has a provider ever denied or restricted your participation in sports for any reason?							
3	Do you have any ongoing medical issues or recent illnesses?							
HEART HEALTH QUESTIONS ABOUT YOU					Yes	No		
4	Have you ever passed out or nearly passed out during or after exercise?							
5	Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?							
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?							
7	Has a doctor ever told you that you have any heart problems?							
8	Has a doctor ever requested a test for your heart? (Example: electrocardiography or echocardiography)							
9	Do you get light-headed or feel shorter of breath than your friends during exercise?							
10	Have you ever had a seizure?							
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY					Yes	No		
11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before 35 years of age (including drowning or unexplained car crash)							
12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS) short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?							
13	Has anyone in your family had a pacemaker or implanted defibrillator before age 35?							
BONE AND JOINT QUESTIONS					Yes	No		
14	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or a game?							
15	Do you have a bone, muscle, ligament or joint injury that bothers you?							
MEDICAL QUESTIONS					Yes	No		
16	Do you cough, wheeze, or have difficulty breathing during or after exercise?							
17	Are you missing a kidney, an eye, a testicle, your spleen or any other organ?							
18	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?							
19	Do you have recurring skin rashes or rashes that come and go, including herpes or MRSA?							
20	Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?							
21	Have you ever had numbness, tingling or weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?							
22	Have you ever become ill while exercising in the heat?							
23	Do you or does someone in your family have sickle cell trait or disease?							
24	Have you ever had, or do you have any problems with your eyes or vision?							
25	Do you worry about your weight?							
26	Are you trying to, or has anyone recommended that you gain or lose weight?							
27	Are you on a special diet, or do you avoid certain types of foods or food groups?							
28	Have you ever had an eating disorder?							
29	Have you ever had COVID-19?							
FEMALES ONLY					Yes	No		
30	Have you ever had a menstrual period?							
31	How old were you when you had your first period?							
32	When was your most recent period?							
33	How many periods have you had in the past 12 months?							
List all past and current medical conditions:								
Have you ever had surgery? If Yes, list all procedures:								
List all prescriptions, over-the-counter meds or supplements you currently take:								
Do you have any allergies? If Yes, Please list them here:								
Over the last two weeks, how often have you been bothered by the following problems? (Circle Response)								
					Not at All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge					0	1	2	3
Not being able to stop or control worrying					0	1	2	3
Little interest in pleasure or doing things					0	1	2	3
Feeling down, depressed or hopeless					0	1	2	3
A sum of 3 or greater is considered positive on either subscale (Q1+2, or Q3+4) for screening purposes								

AUTHORIZATION AND CERTIFICATION

As the parent/guardian, my signature (1) authorizes the above-named student to participate in athletics and (2) certifies that to the best of my knowledge everything above is complete and correct and with full knowledge of above medical history that the above-named student is physically fit to participate in interscholastic athletics for the 2020-21 school year.

Name of Parent/Guardian: _____ **Signature of Parent/Guardian:** _____

Date: _____ **20:** _____ **Signature of Student-Athlete:** _____