THE SOUTH CAROLINA INDEPENDENT SCHOOL ASSOCIATION

Pre-Participation History & Health Assessment Form

This form is to be filled out by the parent(s) and student prior to seeing the physician and presented to the physician at the time of the student's physical examination. The physician should keep this form with the student's records. A copy of this form will be submitted with the student's completed physical examination form to the school.

Date that this form i	s being completed:	
Name	Date of Birth:	Grade:
		Sports:
		Phone:
		Phone:
		Relationship:
		Other:
	e to answer each question to the	
	Stinging Insects Other	
Concussions:		
Have you ever had a head injury or co	oncussion?	ves, when (date):
Have you had more than one head inj Provide the date of each concussion:	ury or concussion?	No If yes, how many?
Have you ever had a blow to the head	l that caused confusion, prolong	ged headache, or memory loss? Yes No
As the parent or legal guardian of the above and the physical evaluation for that participal participation in these events, including medianurses, trainers, coaches, doctors or those used access to necessary medical information. I	e named student athlete, I give my peration. I grant permission for treatment ical or surgical treatment that is recommender their direction who are part of the know that the risk of injury to my ear. My signature indicates that to the	Daughter to Participate in Athletics rmission for his/her participation in athletic events at deemed necessary for a condition arising during amended by a medical doctor. I grant permission to the athletic injury prevention or treatment, to have child/ward comes with participation in sports and best of my knowledge, my answers to the above Date Date
Signature of parent/guardian		Date

Pre-Participation Physical Evaluation Medical History Questionnaire

Attention parent or guardian and othlere: answers to the following questions are very important! Please take the time to answers each question to the best of your knowledge. Explain* "Yes" inneverse below. Circle questions 17 you do not know the answer. A law power of the post of your knowledge. Explain* "Yes" inneverse below. Circle questions 17 you do not know the answer. A law power of your questions of the post of your feel questions of your district on the post of your feel questions of your desired conditions. If you do not know the answer. A law you cere feeled or restricted your participation in a post to the post of your desired desired. A law you cere feeled or restricted your participation of the post of the post of your participation of your participation of the post of your participation of the post of your participation of your participation of the post of your participation of your partici	Note: This form is to be filled out by the parent(s) and student prior to seeing the physician.							
General Questions to the best of your knowledge. Explain "Yes" answers below. Circle question if you do not know the answer. Has a dotore ever denied or restricted your participation In sports for any reason? 2. De you have any outpering medical conditions. If so check all medical conditions are considered in the hospital? 3. Have you ever used using in the hospital? 4. Have you ever used a suggery? 5. Have you ever used a suggery? 5. Have you ever bad or gray passed out during or all restricted that Questions About You 6. Have you ever bad suggery? 6. Have you ever bad or gray passed out during or all restricted in the post of the passed out or nearly passed out during or all restricted. The passed your goal, the second of the passed out of the pas	Student's Name Today's Date							
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Marfan syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic, polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a game or practice? 18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, cast, or crutches? 20. Have you ever had a stress fracture? 21. Do you regularly use a brace, orthotics, or other assistive device? 22. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 46. Are you in a sapoine recommended that you gain or lose weight? 47. Are you on a special Diet or do you avoid certain types of foods? 48. Have you ever had an eating disorder? 49. Do you have any concerns that you would like to discuss with a doctor? 50. Have you ever had a menstrual period? 51. How old were you when you had your first menstrual period? 52. How many periods have you had in the past 12 months? Explain any "YES" answers on an additional page and attach to this questionnaire. 1 hereby state that, to best of my knowledge, my answers to the above questions are complete and correct. Athlete's Signature Parent/Guardian Signature								
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24. Do any of your joints become painful, swollen, feel warm, or look red?