

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

Have you had COVID-19? (check one): Y N

Have you been immunized for COVID-19? (check one): Y N If yes, have you had: One shot Two shots

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of 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 or pleasure in doing things | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.) | | | Yes | No |
|---|--|--|-----|----|
| 1. Do you have any concerns that you would 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 illness? | | | | |
| 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? For example, electrocardiography (ECG) or echocardiography. | | | | |

| HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED) | | | Yes | No |
|---|--|--|-----|----|
| 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 age 35 years (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 an implanted defibrillator before age 35? | | | | |

