

Athlete Name: \_\_\_\_\_

## Sport Candidate's Pre-Participation Health Questionnaire

*(based on the Pittsford School District's Form 1/22/07)*

All questions must be answered by the parent/guardian with the athlete. It must be completed each registration since problems with health can arise at any time. *Please make sure you review any positive responses with your physician to make sure it is safe for your student-athlete to participate in Pittsford Crew.*

Injury or Illness since the last check-up?	Yes	No
Chronic or recurrent illness?	Yes	No
Hospitalization or surgeries?	Yes	No
Missing organ (ex. eye, kidney, testicle)?	Yes	No
Take any medications or supplements? <b>LIST ALL MEDICATIONS BELOW.</b>	Yes	No
Allergies to medications, insects, foods, latex?	Yes	No
Dizziness or fainting with exercise?	Yes	No
Chest pain with exercise?	Yes	No
Sudden death in a close relative <50 years old?	Yes	No
Heart racing or skipped heartbeats?	Yes	No
History of high blood pressure or heart problems?	Yes	No
Concussion or unconsciousness?	Yes	No
Memory loss, seizure, or frequent and/or severe headaches?	Yes	No
Numbness/tingling in extremities or pinched nerve?	Yes	No
Problems with exercising in the heat?	Yes	No
Chronic cough, wheezing or trouble breathing or history of asthma?	Yes	No
Wear glasses or contact lenses?	Yes	No
Wear dental bridge, braces or plates?	Yes	No
Any skin problems?	Yes	No
Special equipment or devices not usually used in crew?	Yes	No
Broken bones or dislocated joints?	Yes	No
Other serious joint injuries, muscle or tendon problems?	Yes	No
Neck, knee or ankle injury in the last year?	Yes	No
Concerns about weight?	Yes	No
Do you feel you have to gain or lose weight for crew?	Yes	No
Feel stressed out?	Yes	No
Any mental health issues (depression, anxiety, OCD, eating disorders, etc.?)	Yes	No
Girls: Have you started your menstrual period?	Yes	No
Is it regular?	Yes	No
Ever been restricted from sports by a physician?	Yes	No
<b>Is there any reason why this athlete should NOT participate in Crew?</b>	Yes	No

Using the space below, please provide an explanation for any question answered "yes." Include dates of injuries and illnesses. List all medications and dosages. If medications are taken "prn," please indicate how often they are used. Use back of form if necessary/

*\*\*Discuss with your physician whether to include an ECG (electrocardiogram) as part of the sports physical. An ECG is not required in order for a student-athlete to participate in Crew. However, an ECG may detect cardiomyopathy, or other heart defects that may affect youth and otherwise be undetected. In athletics with undiagnosed heart conditions, exertional activities, such as competitive sports, may increase the risk of cardiac arrest.*

**Parent/Guardian:** I have carefully read and reviewed the above with my child. To the best of my knowledge, there is no existing condition that should exclude my child from participating in Pittsford Crew. I hereby give permission for my child to participate in Pittsford Crew this season. I give permission to share my child's medical information with coaches and appropriate supervisory Pittsford Crew personnel. I understand that Pittsford Crew does not assume responsibility for lost or broken corrective lenses or orthodontic devices.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name Printed:** \_\_\_\_\_