Please fill in circles completely

Sports Physical Evaluation
26659 Pleasant Park Rd
Conifer, CO 80433

Name
Date DOB

Have you had a medical illness since your last exam?	O Yes	O No
Do you have an ongoing or chronic illness?	O Yes	O No
Have you ever been hospitalized overnight?	O Yes	O No
Have you ever had surgery?	O Yes	O No
Are you taking medications of any kind?	O Yes	O No
Have you ever taken supplements to help you lose weight or improve performance?	O Yes	O No
Have you ever had a serious allergic reaction?	O Yes	O No
Have you ever passed out during or after exercise?	O Yes	O No
Have you ever been dizzy during or after exercise?	O Yes	O No
Have you had chest pain during or after exercise?	O Yes	O No
Do you get tired more quickly and then your friends do during exercise?	O Yes	O No
Have you ever had racing of your heart or skipped heartbeats?	O Yes	O No
Have you have high blood pressure or high cholesterol?	O Yes	O No
Have you ever been told you have a heart murmur?	O Yes	O No
Have any relatives of yours died from heart problems or sudden death before age 50?	O Yes	O No
Has a physician ever denied or restricted your participation in sports for any heart problems?	O Yes	O No
Is there any history of Marfan's syndrome and your family?	O Yes	O No
Do you have any family members who developed diabetes before age 50?	O Yes	O No
Do you have any significant skin problems?	O Yes	O No
Have you ever had a seizure?	O Yes	O No
Do you have frequent or severe headaches?	O Yes	O No
Have you ever had numbness or tingling in your arms or legs,	O Yes	O No
Have you ever become ill from exercising in the heat?	O Yes	O No
Do you cough, wheeze or have trouble breathing during or after activity?	O Yes	O No
Do you have asthma?	O Yes	O No
Have you ever had any serious sports related injuries?	O Yes	O No
Have you had any problems with pain or swelling in muscles, tendons, bones or joints?	O Yes	O No
Do you want to weigh more or less than you do now?	O Yes	O No
Do you lose weight regularly to meet weight requirement for your sport?	O Yes	O No
Do you feel stressed out?	O Yes	O No