

Current Health Status

Is the student/athlete:

Under the active care of a physician?	Yes	No
For what reason? _____		
Taking any medication?	Yes	No
What medication? _____		
Overweight for height/age?	Yes	No
Drinking alcohol?	Yes	No
Smoking cigarettes?	Yes	No
Taking performance-enhancing agents?	Yes	No

Cardiac Signs/Symptoms/History

Does the student/athlete:

Become dizzy or pass out with exercise?	Yes	No
Develop chest pain, shortness of breath or wheezing?	Yes	No
Become tired more quickly than peers during exercise?	Yes	No
Been told that he/she has a heart murmur <u>or</u> heart disease?	Yes	No
Been told that she/he has skipped heartbeats <u>or</u> racing heartbeats?	Yes	No
Has anyone in the family developed heart disease <u>or</u> died from heart disease under the age of 40?	Yes	No
Compared to peers, does he/she tire easily?	Yes	No
Been told he/she has high blood pressure?	Yes	No
Chest pain or pressure?	No	If Yes , when? ___resting ___walking ___or anytime
Palpitations?	No	If Yes , when? ___resting ___walking ___or anytime
Shortness of breath?	No	If Yes , when? ___resting ___walking ___or anytime
Ankles/leg swelling?	No	If Yes , when? ___resting ___walking ___or anytime
Unusual fatigue?	No	If Yes , when? ___resting ___walking ___or anytime
Light-headed/dizzy?	No	If Yes , when? ___resting ___walking ___or anytime

Parent's signature

Date