



TRYOUT PRE-PARTICIPATION MEDICAL HISTORY

Name: _____ DOB: _____ Sport : _____

Please read the following questions and check the appropriate box to the right.

YES NO

1. Have you ever been or are you currently being treated for a prolonged medical illness?
2. Do you have any medical conditions we should be aware of (un-paired organ, reversed organs, etc)?
3. Have you ever been hospitalized overnight
4. Have you ever had surgery?
5. Have you ever been told you are Sickle Cell Trait or Sickle Cell Disease positive?
6. Do you have any medical conditions we should be aware of (un-paired organ, reversed organs, etc)?
7. Are you currently taking any prescription (incl. birth control pills) or OTC medications?
8. Are you currently or have you ever taken any nutritional supplements?
9. Have you ever experienced significant shortness of breath during exercise?
10. Do you cough, wheeze, or have trouble breathing during or after exercise?
11. Have you ever or do you currently have asthma?
12. Do you have seasonal allergies that require medical treatment?
13. Have you ever used an inhaler or taken asthma medication?
14. Have you ever passed out or *nearly passed* out during or after exercise?
15. Have you ever experienced *excessive* dizziness during or after exercise?
16. Do you get lightheaded or feel more short of breath than expected during exercise?
17. Have you ever had discomfort, pain, tightness or pressure in your chest during or after exercise?
18. Has a family member died of heart related illness or sudden death (*before the age of 50*)?
19. Have you had a severe viral infection (myocarditis or mononucleosis) within the last month?
20. Have you ever become ill after exercising in the heat?
21. Have you ever had severe muscle cramps during activity?
23. Have you ever lost consciousness during exercise?
24. Have you ever experienced trouble with dehydration?
25. Have you ever had a head injury or concussion?
26. Have you ever been knocked out, become unconscious, or lost your memory?
27. Have you ever had a seizure?
28. Have you ever had numbness, tingling or weakness in your arms, hands, legs or feet after being hit or falling?
29. Have you ever had a **NECK, SHOULDER, ELBOW** or **HAND/WRIST** Injury?
30. Have you ever had a **PELVIS/HIP** or **BACK** Injury?
31. Have you ever had a **KNEE, ANKLE** or **FOOT** Injury?
32. Have you ever been told that you *can not* or *should not* take part in your sport for medical reasons?
(*This does not include bone/muscle/joint injuries*)

Please explain any YES answers below

ITEM #	DESCRIPTION

I, _____, attest that I have answered all questions truthfully and to the best of my knowledge. Furthermore, I realize that failure to do so will place the responsibility of coverage of any pre-existing condition upon my own self

Please remit form to Shawn Eddy; in person at Broussard Center for Athletic Training; email – red1@lsu.edu; fax – 225-578-3924