

PRE-PARTICIPATION HEALTH HISTORY FORM



Brandon Valley Schools

FOR STUDENTS WITH ON-FILE PHYSICAL DATED ON OR AFTER APRIL 1, 2019.

PRIOR TO ACTIVITY PARTICIPATION, YOU MUST COMPLETE, SIGN AND SUBMIT THIS FORM TO THE BVHS OR BVMS OFFICE.

Student Name: _____ Parent Name: _____
 Student Date of Birth: _____ Grade (Fall of 2020): _____ Sport(s): _____

List all past and current medical conditions:

Have you ever had surgery? If yes, please list all procedures:

List all prescriptions, over-the-counter meds or supplements you currently take:

Do you have any allergies? If Yes, please list them here:

Over the last two weeks, how often have you been bothered by the following ? Circle Response on right:	Not At All	Several Days	Over 1/2 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 in pleasure or doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

A sum of 3 or greater is considered positive on either subscale (Q1+2, or Q3+4) for screening purposes.

ANSWER EACH OF THE FOLLOWING QUESTIONS SPECIFIC TO "IN THE PAST YEAR" AND EXPLAIN ANY YES ANSWERS BELOW.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Do you have any concerns you'd like to discuss with your provider?			16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
3. Do you have any ongoing medical issues or recent illnesses?			18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	19. Do you have recurring skin rashes or rashes that come and go, including herpes or MRSA?		
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?			20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			21. Have you ever had numbness, tingling, or weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			22. Have you ever become ill while exercising in the heat?		
7. Has a doctor ever told you that you have any heart problems?			23. Do you or does someone in your family have sickle cell trait or disease?		
8. Has a doctor ever ordered a test for your heart? (Examples include electrocardiography and echocardiography.)			24. Have you ever had or do you have any problems with your eyes or vision?		
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?			25. Do you worry about your weight?		
10. Have you ever had a seizure?			26. Are you trying to or has anyone recommended that you gain or lose weight?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	27. Are you on a special diet, or do you avoid certain types of foods?		
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?			28. Have you ever had an eating disorder?		
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 tachycardi (CPVT)?			29. Have you ever had COVID-19?		
13. Has anyone in your family had a pacemaker or implanted defibrillator before age 35?			FEMALES ONLY	Yes	No
BONE AND JOINT QUESTIONS	Yes	No	30. Have you ever had a menstrual period?		
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			31. How old were you when you had your first period? _____		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?			32. When was your most recent menstrual period? _____		
			33. How many periods have you had in the last 12 months? _____		

EXPLAIN ANY "YES" ANSWERS HERE AND ON BACK (IF NEEDED) — AND REVIEW, SIGN AND DATE BELOW: _____

RECERTIFICATION OF HEALTH: I hereby state, to the best of my knowledge, that my answers on this form are complete and correct and that the above named student is physically fit to participate in interscholastic athletics for the current school year, including those areas marked 'yes' above. I also confirm that I have read and agree to all statements in the Concussion Facts; HIPPA; and SDHSAA Annual Parent/Student Consent forms (all available on BV websites) — and that I have completed the ANNUALLY REQUIRED Family Access (FA) verification process for THE 2020-21 YEAR OR WILL complete it when it becomes available. (Until the FA verification is complete, existing information, including emergency info, will be used, AND ALL permissions – including permission to print student information used for team travel, rosters, and standard media coverage – will be assumed.)

Signature of Student: _____ Signature of Parent/Guardian (if Student under 18): _____
 Date: _____