

**Participant Health Questionnaire
and
Parental Permission Form**



ALL INFORMATION IS CONFIDENTIAL FOR ACMC USE ONLY -- Please complete prior to initial evaluation

NAME (last, first) : _____ **email:** _____

Address: _____ **City, State, ZIP:** _____

Phone: (____) _____ **School:** _____ **Birthdate:** ____/____/____

Family Physician: _____ **Address:** _____

City, State, ZIP: _____ **Phone:** _____

Date of last Physical or Pre-Participation Examination: _____

PLEASE LIST TWO (2) INDIVIDUALS WE MAY CONTACT IN CASE OF EMERGENCY

Name: _____ **Relationship:** _____ **Ph:** _____

Name: _____ **Relationship:** _____ **Ph:** _____

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING (Please explain all YES answers in the space provided on back) :

Y	N	COUGHING, SHORTNESS OF BREATH OR CHEST PAIN?
Y	N	NUMBNESS IN ANY PART OF THE BODY?
Y	N	HEADACHES, DIZZINESS, WEAKNESS, FAINTING, OR PROBLEMS WITH COORDINATION OR BALANCE?
Y	N	DIFFICULTIES WITH BLURRY VISION?
Y	N	PROBLEMS WITH SKIN SUCH AS SORES, RASHES, ITCHING OR BURNING SENSATION, ETC.?
Y	N	STIFFNESS, SWELLING OR PAIN RELATED TO YOUR MUSCLES, BONES OR JOINTS?
Y	N	DEHYDRATION (EXCESSIVE LOSS OF WATER)?
Y	N	HEAT STROKE OR OTHER HEAT-RELATED DISORDERS?
Y	N	HEAD INJURY CAUSING LOSS OF MEMORY, UNCONSCIOUSNESS OR VOMITTING?
Y	N	EPILEPSY (SIEZURES)?
Y	N	TUBERCULOSIS, ASTHMA OR ANY LUNG DISEASE OR RESPIRATORY DISORDER?
Y	N	MONONUCLEOSIS, DIABETES, GOITER OR ANY OTHER DISEASE OF THE GLANDS?
Y	N	SIGNIFICANT WEIGHT CHANGE IN THE PAST YEAR?

For Office Use Only
PN: _____
RN: _____

CONTINUED ON BACK →

CONTINUED FROM FRONT PAGE

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING (Please explain all YES answers in the space provided below):

Y	N	HOSPITALIZATION IN THE PAST 12 MONTHS FOR ANY REASON?
Y	N	CURRENTLY USE OF <u>ANY</u> MEDICATIONS?
Y	N	USE OF NUTRITIONAL SUPPLEMENTS TO AID TRAINING OR PERFORMANCE?

FEMALES ONLY:

AT WHAT AGE DID YOU FIRST MENSTRUATE? _____

HOW REGULAR ARE YOUR PERIODS NOW? _____

ANY OTHER MENSTRUAL ABNORMALITIES OR CONCERNS AT THIS TIME ? _____

USE SPACE BELOW TO EXPLAIN "YES" ANSWERS

MY SIGNATURE BELOW CERTIFIES THAT THE INFORMATION PROVIDED ABOVE IS TRUE.

Participants signature

Date

Parents signature (Required if participant is a student)

Date