

Pre-Participation Form

Heart Health questions about you

| | Yes | No |
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| 1. Has the patient ever passed out/fainted or nearly passed out during or after exercise? | | |
| 2. Has the patient ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 3. Does the patient's heart ever race, flutter in your chest or skip beats during exercise? | | |
| 4. Does the patient get light-headed or feel short of breath during exercise? | | |
| 5. Has the patient ever had an unexplained seizure, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks or ringing telephones? | | |
| 6. Has the patient ever been diagnosed with a heart problem? | | |
| 7. Has the patient ever been diagnosed with COVID? | | |
| 8. If the patient has been diagnosed with COVID, when? | | |

Heart Health about your family

| | Yes | No |
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| 9. Has any family member or relative died of heart problems, unexpected/unexplained sudden death before age 50? (Including drownings, unexplained car crash or SIDS) | | |
| 10. Does anyone in the family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, abnormal heart rhythm, or long QT syndrome? | | |
| 11. Does anyone in the family have a pacemaker or an implanted defibrillator placed prior to age 50? | | |

General Questions

| | Yes | No |
|---|-----|----|
| 12. Does the patient have any ongoing medical issues or recent illnesses? | | |
| 13. Has a provider ever denied or restricted the patient's participation in sports for any reason? | | |
| 14. Has the patient had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | |
| 15. Has the patient ever broken a bone, had to wear a cast or any injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game? | | |
| 16. Has the patient ever been diagnosed with asthma? | | |
| 17. Does the patient cough, wheeze, or have difficulty breathing during or after exercise? | | |

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| 18. Is the patient missing any paired organ (a kidney, an eye, a testicle, an ovary, etc.), spleen or any other organ? | | |
| 19. Has the patient ever become ill while exercising in the heat or had heat stroke? | | |
| 20. Does the patient or anyone in your family have sickle cell trait or disease? Or a bleeding disorder (Hemophilia, Von Willebrand's disease)? | | |
| 21. Is the patient trying to or has anyone recommended that the patient gain or lose weight? Or does the patient need to meet weight requirements for any sport? | | |

People with a uterus

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| 22. How old was the patient when they had their first menstrual period? | |
| 23. When was the patient's most recent menstrual period? | |
| 24. What is the longest time between menstrual periods in the LAST YEAR? | |