



Yes No

6. Have any members of your family under the age of 50 had a heart attack, heart problem, or died unexpectedly?    
Who and when? \_\_\_\_\_
7. In the past year have you:  
a. Been dizzy or passed out during or after exercise?    
b. Been unconscious or had a concussion?    
If yes, please explain \_\_\_\_\_
8. Are you able to run 1/2 mile (2 times around the track) without stopping?    
If no, please explain \_\_\_\_\_
9. Do you:  
a. Wear glasses or contact lenses?    
b. Wear dental bridges, plates or braces?
10. Do you have a chronic illness (diabetes, asthma etc)?    
If yes, please explain \_\_\_\_\_  
What, if any, medication do you take for this condition? \_\_\_\_\_
11. Have you ever had a heart murmur, high blood pressure or a heart abnormality?    
If yes, please explain \_\_\_\_\_
12. Are you missing a kidney?    
If yes, please explain \_\_\_\_\_
13. For females:  
a. At what age did you experience your first menstrual period? \_\_\_\_\_  
b. In the past year what is the longest amount of time you have gone between periods? \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date \_\_\_\_\_  
(Signature of Athlete) (Signature of Parent)

