## **Print in Color or Grayscale Only**

Using Adobe Acrobat Reader 8.0 or later

## History Addendum for Sports Participation

Please answer every question

	PLEASE P	RINT PATI	ENT'S LAS	T NAME					
Marking Instructions									
Please use a # 2 pencil	PLEASE PRINT PATIENT'S FIF			ST NAME	PATIENT	Γ'S DATE (	TE OF BIRTH		
Fill in the complete oval as shown									
Till ill the complete oval as shown					Month	Day		Year	
					Worth	Day		Teal	
Current grade in school:									
3rd				high so	chool sophon	nore			
4th				o high so	chool junior				
5th				o high so	chool senior				
O 6th				college	e 1st year				
◯ 7th				college	e 2nd year				
8th				college	e 3rd year				
<ul><li>high school freshman</li></ul>				college	e 4th year				
Over the next year, which sports and physical a	activities	do you	plan to	participate ii	1?				
<ul><li>aerobic exercise (zumba, etc.)</li></ul>				karate					
baseball				kickbo	xing				
basketball				lacross	se				
cheerleading				orunnin	g (marathons	s)			
cross country				skateb	oarding				
cycling (competitive)				skating	g (ice or rolle	r)			
dance (competitive)				soccer					
dance performances (ballet, jazz, etc.)	etc.)			softba	II				
diving (competitive)				surfing	5				
ofootball				swimn	ning (compet	itive)			
golf				track 8	& field				
gymnastics				volleyl	oall				
handball / squash				wrestl	ing				
hockey (field or ice)				yoga					
horseback riding				other:	sport / activit	У			
Are you able to run ½ mile (twice around the t							$\circ$		no 🤇
Have you ever had an illness that required you	to miss	3 or moi	e days o	of practice or	competition				no (
Have you ever had any sports injuries?						•			no (
Have you ever required x-rays?						yes			no
Do you wear contacts or eye glasses?						yes			no
Do you have braces, dental bridges or plates?						yes			no
Please mark any of the following items that yo	u have n	ow or h	ave had	in the past:		ycs			110
<ul> <li>allergic reaction to insect stings</li> </ul>					murmur				
asthma					lood pressure	2			
concussion				hives	. ССС р. СССС. С	-			
diabetes					consciousne	ss / bee	en unc	onsci	ous
dizziness during / after exercise					al of a kidney	-		0.1001	<i>-</i>
hay fever				seizure		'			
heart abnormality				00.20.					
FOR TEEN GIRLS / WOMEN ONLY									
Age at first menstrual period:				<u> </u>					
<u>11</u>				<u></u>					
<u>12</u>				<u> </u>					
<u>13</u>				17					
	L _4			<u>18</u>					
In the last year, what was the longest interval	petween	your m	enstrual	-	4 la a				
1 month				5 mon					
2 months				6 mon		ممله			
3 months				ogreate	r than 6 mon	ILIIS			
4 months									