	TROOPER APPLIC	/HI\	111	VIC	DICAL QUESTIONNAIRE re	v. 06/20	)22					
(Not	e: This form is to be filled out by the patient and parent prior to seeing the medical provider.											
Date	e of Exam				Date of Birth							
Last	t Name First Name											
Ger	Age Age											
					Allergies							
	Please list all of the prescription and over-the-counter m	nedicir	nes a	nd si	upplements (herbal and nutritional) that you are currently takir	g.						
					Do you carry a	n inhale	ar2					
		□ Yes □ No										
	you have any allergies?   Yes   No If yes, please identify specific aller				Do you carry a  □ Stinging Insects □ I atex □ Yes □ No	n Epi P	en?					
Explain "Yes" answers below. Circle questions you don't know the answers to												
GENERAL QUESTIONS		Yes	No MEDICAL QUESTIONS			Yes	No					
1.	Do you have any ongoing medical conditions? If so, please identify below:  ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ sickle cell				Do you have any history of juvenile arthritis or connective tissue disease?  Do any of your joints become painful, swollen, warm, or look red?							
				20.	bo diff of your jointo bootine paintal, swotien, waith, or look red.							
	disease or trait Other:			0.4								
2.	Have you ever been admitted to the hospital?				Do you cough, wheeze, or have difficulty breathing during or after exercise? Have you ever used an inhaler or taken asthma medicine?							
	Tare you ever been durinted to the hospital.				Is there anyone in your family who has asthma?							
3.	Have you ever had surgery?			27.	Were you born without or are you missing a kidney, an eye, a testicle (males),							
HEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No	28.	your spleen, or any other organ?  Do you have groin pain or a painful bulge or hernia in the groin area?							
					Have you had infectious mononucleosis (mono) within the last month?							
4.	Have you ever passed out or nearly passed out DURING or AFTER exercise?											
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				Do you have any rashes, pressure sores, or other skin problems?  Have you had a herpes or MRSA skin infection?							
6	·			_	Have you ever had a head injury or concussion?							
6.	Does your heart ever race or skip beats while resting or during exercise?			33	Have you ever had an unexplained seizure?							
7.	Has a doctor ever told you that you have any heart problems? If so, check all that apply: □ High blood pressure □ A heart murmur			34.	Do you have a history of seizure disorder?							
	☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease			35.	Do you have headaches with exercise?							
8.	Other: Has a doctor ever ordered a test for your heart?			36.	Have you ever become ill while exercising in the heat?							
	(For example, ECG/EKG, echocardiogram)				Do you get frequent muscle cramps when exercising?							
9.	Do you get lightheaded or feel more short of breath than expected during exercise?			20	Have you had any problems with your eyes or vision?							
10.	Have you ever had any heart surgery?				Have you had any eye injuries?							
	, , , , , ,			40.	Do you wear glasses or contact lenses?							
					Have you ever had hearing loss or problems with your hearing?							
HEA	RT HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No		Are you on a special diet or do you avoid certain types of foods?							
11.	Does anyone in your family have an irregular heartbeat?			43.	Have you ever had an eating disorder?		L					
12.	Has any family member of relative died of heart problems or had an			44.	Do you have any other medical problems?							
	unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?											
13.	Does anyone in your family have a heart problem, pacemaker, or defibrillator?			_								
	Has anyone in your family had unexplained fainting, unexplained seizures,											
	or near drowning?											
15.	Do you or someone in your family have sickle cell trait or disease?											
_	E AND JOINT QUESTIONS	Yes	No									
16.	Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a sports practice or a game?			Exp	lain "yes" answers here							
17.	Have you ever had any broken or fractured bones or dislocated joints?											
18.	Have you ever had an injury that required x-rays, MRI, CT scan, injections,			L								
19.	therapy, a brace, a cast, or crutches?  Have you ever had a stress fracture?											
	·			-								
	Do you regularly use a brace, orthotics, or other device?											
ZT.	Do you have a bone, muscle, or joint injury that bothers you?											
I hav	I have reviewed the History Form and I hereby state that, to the best of my knowledge,  Name											
the answers to the above questions are complete and correct Signature					Signature Date							