BLACK HILLS STATE UNIVERSITY
PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed annually by the student-athlete in order for him/her to participate in athletic activities at Black Hills State University. These questions are designed to determine if the student-athlete has developed any conditions which would make it hazardous to participate in an athletic event.

Student-Athlete's Name: (print) ______________________

Address: ______________________ Sex: ________ Age: ________ Date of Birth: ________

Sport(s): ______________________ Personal Physician: ______________________ Cell Phone: ________

Phone: ________

Explain "YES" answers in the box below**.

		YES	NO
1.	Have you had a medical illness or injury since your last check-up or sports physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Have you ever passed out during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
	Have you had a severe viral infection (myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
4.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	If "YES", how many times? ________ Date of last concussion: ________		
	How severe was each one? ______________________		
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5.	Are you missing any paired organs?	☐	☐
6.	Are you under a doctor's care?	☐	☐
7.	Are you currently taking any prescription or non-prescription (over-the- counter) medication or pills or using an inhaler?	☐	☐
8.	Do you have any allergies?	☐	☐
9.	Have you ever been dizzy during or after exercise?	☐	☐
10.	Do you have any current skin problems (itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11.	Have you ever become ill from exercising in the heat?	☐	☐
12.	Have you had any problems with your eyes or vision?	☐	☐
13.	Have you ever had unexpected shortness of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
14.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position?	☐	☐
15.	Have you ever had a sprain or strain?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐

If "YES", circle the areas and explain below.

Head	Upper Arm	Hand	Knee
Neck	Elbow	Finger	Shin/calf
Back	Forearm	Hip	Ankle
Chest	Wrist	Thigh	Foot
Shoulder			

		YES	NO
16.	Do you want to weight more or less than you do now?	☐	☐
17.	Do you feel stressed out?	☐	☐
18.	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

Females Only

19. When was your first menstrual period? ________
    When was your most recent menstrual period? ________
    How much time do you usually have from the start of one period to the start of another? ________
    How many periods have you had in the last year? ________
    What was the longest time between periods in the last year? ________

A student-athlete answering "YES" to any question relating to a possible cardiovascular health issue will be restricted from further participation until he/she is examined and cleared by a physician.

EXPLAIN "YES" ANSWERS IN THE BOX BELOW (write on the back of this sheet if necessary)

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It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains.
If, in the judgment of any representative of BHSU, the above student-athlete should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless BHSU and any BHSU representative from any claim by any person on account of such care and treatment of said student-athlete.
If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student-athlete's participation, I agree to notify the BHSU Athletic Training Staff of such illness or injury.

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

Student-Athlete Signature: ______________________ Date: ________

THIS FORM MUST BE ON FILE WITH THE ATHLETIC TRAINING STAFF PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, OR CONTEST.

RETURN TO THE BHSU ATHLETIC TRAINING DEPARTMENT: Tony Silva or Ana Nemec