

PREPARTICIPATION SCREENING AND MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed prior to participation.

PART I: INFORMATION

Diver's Name: _____

Sex: M / F Age: _____ Date of Birth: _____ Home Telephone #: _____ Mobile #: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Address: _____ Work Telephone #: _____

Insurance Company: _____ Policy #: _____

Family Doctor: _____ Hospital or Clinic Name and Address: _____

PART II: MEDICAL HISTORY

(To be completed by the diver and parent(s) or guardian(s))

Circle the appropriate answer & please explain all "yes" answers below (give date of injury or treatment, indicate as near as possible the anatomical location of the injury i.e. Rt. Shoulder, and the diagnosis) in the lines provided or use the back of the page (be sure to list the question number) if more space is needed. All YES answers are to be fully explained!

Has or Does this athlete:

- | | | |
|--|-----|----|
| 1. Have a medical problem or injury since his/her last evaluation?..... | YES | NO |
| Ever not been allowed to participate in sports for a medical reason? | YES | NO |
| 2. Ever been hospitalized?..... | YES | NO |
| Ever had surgery?..... | YES | NO |
| Have any missing organs? (<i>eye, kidney, testicle, etc.</i>)..... | YES | NO |
| Ever been treated for Osgood-Schlatter?..... | YES | NO |
| Ever been treated for osteomyelitis..... | YES | NO |
| Ever had a fracture during the past two years? If YES, indicate anatomical site of the fracture and the date. | YES | NO |
| Ever had a shoulder dislocation, separation or other shoulder injury (bursitis, tendonitis, etc.)? | YES | NO |
| Ever been advised to have surgery to correct a shoulder condition? | YES | NO |
| Ever experienced a severe sprain, dislocation or fracture to either elbow? | YES | NO |
| Ever had an injury to his/her back? (If YES, did he/she seek the advice or care of a medical doctor? _____).... | YES | NO |
| Have Spondylolysis (stress fracture of lower back) or spondylolisthesis? | YES | NO |
| Ever experience pain in his/her back? | YES | NO |
| If YES to above, indicate frequency with which he/she experiences pain by underscoring: | | |
| Very Seldom / Occasionally / Frequently / only on vigorous exercise / heavy lifting | | |
| Think his/her back is weak? | YES | NO |
| Experienced a strain to either knee during the past two years with severe swelling accompanying the injury? | YES | NO |
| Ever been told that he/she injured the ligaments or either knee joint? | YES | NO |
| Ever been told that he/she injured the cartilage of either knee joint? | YES | NO |
| Ever been told that you have a 'trick' knee? | YES | NO |
| Ever been advised to have surgery to a knee to correct condition? | YES | NO |
| Ever had any foot pains before, such as pain in the feet while walking, running, or standing? | YES | NO |
| Ever had shin splints or a stress fracture in his/her leg(s)? | YES | NO |
| Ever had Achilles tendonitis? | YES | NO |
| Have weak ankles or has ever sprained the ankles previous to this exam? | YES | NO |
| 3. Presently take any medication? | YES | NO |
| Currently take any prescribed medication on a permanent or semi-permanent basis? | YES | NO |
| 4. Have any allergies to food, medicine, or insect bites? | YES | NO |
| Have any other allergies (nasal allergies) | YES | NO |
| Smoke tobacco?..... | YES | NO |
| Use any drugs? | YES | NO |
| Use alcoholic beverages | YES | NO |
| 5. Passed out during or after exercise?..... | YES | NO |
| Been dizzy or passed out during or after exercise?..... | YES | NO |
| Have chest pain during or after exercise?..... | YES | NO |

- Tire more quickly than his/her friends during exercise?YES NO
- Have high blood pressure?.....YES NO
- Been told he/she has a heart murmur?.....YES NO
- Have racing of the heart or skipped heartbeats?.....YES NO
- Have a family member that died of heart problems or sudden death before age 50?.....YES NO
- Had an illness requiring bed rest of one week or longer during the past year? If yes, give date and nature of illness.YES NO
- Ever been told you he/she was AnemicYES NO
- Ever been told he/she had hemophilia, other bleeding disorders or currently have easy bruising or bleeding?YES NO
6. Have any skin problems?.....YES NO
7. Ever had a head or neck injury?.....YES NO
- Ever been knocked out or unconscious or experienced a concussion in the past 3 years?.....YES NO
- If YES to the two above, give dates and if hospitalized _____
- Ever had a seizure or been told he/she might have epilepsy?YES NO
- Ever had a stinger, burn or pinched nerve?.....YES NO
8. Ever had heat cramps?YES NO
- Ever been dizzy or passed out in the heat?.....YES NO
- Ever had any other problems with heat (stroke, exhaustion, etc.)?YES NO
9. Have trouble with breathing or coughing during or after activity?.....YES NO
10. Use any special equipment? (*pads, braces, neck rolls, eye guards, kidney belt, etc.*).....YES NO
11. Have any problems with vision?YES NO
- Wear glasses or contacts?YES NO
- If contacts, circle oneSOFT HARD
- Wear the contacts during diving participation?YES NO
- Have poor vision in either eye? If YES, explainYES NO
12. Do you wear any dental appliance? If YES, underscore the appropriate appliance.YES NO
- Permanent Bridge Permanent Crown or Jacket Removable Partial Full Plate
13. Ever had ventilation tubes put in ears because of hearing loss and/or recurrent earaches as a child?YES NO
- Have difficulty in clearing your ears during a plane trip, or riding subway underwater, or at anytime there is a change in altitude?YES NO
- Know how to keep water from rushing up in your nostrils so you do not have sever headaches on feet first entries?YES NO
- Get so called "swimmer's ears" frequently?YES NO
12. Ever sprained/strained, dislocated, fractured or had repeated swelling of any bones or joints?.....YES NO
- Ever been told he/she has a hernia? (If YES, is it repaired? _____).....YES NO
13. Have you been treated for any infectious disease during the past twelve months?YES NO
13. Have any medical problems listed below? (*Please check off*)
- _____ High Blood Pressure _____ Rheumatic or Scarlet Fever _____ Diabetes _____ Hepatitis
- _____ Mononucleosis _____ Abnormal Bleeding _____ Tuberculosis _____ Asthma
- _____ Sickle Cell Disease/Trait _____ Viral Pneumonia _____ Other(*list*) _____
14. List dates for last: Tetanus Shot: _____ Measles Immunization: _____
15. **Is there any reason you feel you should not participate in diving?**YES NO

Please explain all "yes" answers from above: _____

(USE BACK OF FORM FOR MORE ROOM.)

PART III: SIGNATURES

(You must answer these questions and sign to be examined)

1. The information on this form is current and correct to the best of my knowledge.....YES NO
2. If, in the judgment of a supervisor, I, the named athlete, needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary.....YES NO
3. I recognize the evaluation to be done is a standard pre-participation screening examination, and that no in-depth testing, x-rays, lab work, or cardiac testing will be performed.....YES NO
4. I understand that if my medical status changes in any significant manner after the physical examination, I will notify the team coach of the change immediately.....YES NO

Signature of Athlete: _____

Date: _____