

# Grove Pediatrics & Adolescent Medicine

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## Sports Physical / Pre-Participation History Form

Please complete this history form and bring it to your child's sports physical / pre-participation physical evaluation. The physical examination and clearance will be completed by Dr. Lee at the visit.

**Patient Full Name:**

**Date of Birth:**

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**Sport(s)/Activity:**

**School/Team:**

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### Health History (circle or check Yes/No for each)

- ☐ Y ☐ N Has a doctor ever denied or restricted participation in sports for any reason?
- ☐ Y ☐ N Do you have any ongoing medical conditions (asthma, diabetes, seizures, etc.)?
- ☐ Y ☐ N Are you currently taking any medications or supplements?
- ☐ Y ☐ N Have you ever passed out, had chest pain, or felt your heart racing during exercise?
- ☐ Y ☐ N Has anyone in your family died of heart problems or died suddenly before age 50?
- ☐ Y ☐ N Have you ever had a concussion or other head injury?
- ☐ Y ☐ N Do you have any allergies (medicine, food, insect stings)?
- ☐ Y ☐ N Have you had any broken bones, sprains, or joint injuries in the past year?

**Please explain any "Yes" answers:**

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**Signature (Parent/Guardian):**

**Date:**

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*Office use only: Physical exam and clearance to be completed by provider at time of visit.*