

Circle The Best Answer: Y=Yes; N =No

CARDIAC HISTORY

Have any relatives died from cardiac causes before age 50? **N Y**
 Do any relatives have Marfan's Syndrome? **N Y**
 Have any relatives had an unexplained death during activity? **N Y**
 Any lightheadedness or fainting during or after exercise? **N Y**

HAVE YOU EVER HAD...

Heart infection? **N Y**
 Heart murmur? **N Y**
 Excessive fatigue? **N Y**
 Shortness of breath? **N Y**
 High blood pressure? **N Y**

HEAD INJURY

Have you ever had a concussion? **N Y**
 Any injury that caused confusion, amnesia or blacking out? **N Y**
 Any facial or dental injury **N Y**

PREVIOUS BONE AND JOINT INJURIES

Have you ever torn an ACL? **N Y**
 Have you ever sprained a knee? **N Y**
 Muscle, tendons, or joint problems? **N Y**
 Do you use protective equipment? **N Y**

CHRONIC OR ONGOING ILLNESSES

Do you have asthma? **N Y**
 Ever had an anaphylactic reaction? **N Y**
 Do you have seizures? **N Y**
 Do you have diabetes? **N Y**

BLOOD DISORDERS

Do you have hemophilia? **N Y**
 Do you have sickle cell disease? **N Y**
 Have you had hepatitis? **N Y**
 Are you anemic? **N Y**

NUTRITION

Have you ever binged or purged food? **N Y**
 Do you think you need to lose weight? **N Y**
 Do you use any supplements or steroids to improve performance? **N Y**

MISCELLANEOUS

Any history of heat illness? **N Y**
 Do you have any missing organs? **N Y**
 Females: Are your menstrual periods regular? **N Y**