

TO BE COMPLETED BY PROSPECTIVE STUDENT ATHLETE

Year (circle one): Fr So Jr Sr Grad Your Sport(s): _____

Please answer all questions. Circle Y for yes and N for no. **Explain all "Yes" answers below.**

1. Y N Are you currently under a doctor's care for any reason?
2. Y N Have you ever been dizzy or passed out during or after exercise?
3. Y N Have you ever had chest pain during or after exercise?
4. Y N Have you ever had high blood pressure?
5. Y N Have you ever been told that you have a heart murmur?
6. Y N Have you ever had racing of your heart or skipped heartbeats?
7. Y N Have you ever had a head injury?
8. Y N Have you ever been knocked out?
9. Y N Have you ever had a seizure?
10. Y N Have you ever had a nerve problem (pinched nerve, paralysis)?
11. Y N Do you have trouble breathing or do you cough during or after exercise?
12. Y N Have you been diagnosed with asthma?
13. Y N Do you have any chronic skin problems (itching, rashes, etc.)?
14. Y N Do you had any problems with your eyes or vision?
15. Y N Do you wear glasses or protective eyewear?
16. Y N Do you have any significant dental problems or use any dental devices?
17. Y N Do you have diabetes?
18. Y N Have you fractured or dislocated any bones?
19. Y N Have you had any other significant orthopedic injury (sprains, tears, back problems, etc.)
20. Y N Do you use any special equipment (braces, neck rolls, mouth guards, etc.)?
21. Y N Do you have only 1 working organ of usually paired organs (only 1 eye, kidney, etc.)?
22. Y N Do you have or have you had any significant menstrual abnormalities?
23. Y N Do you have or have you had an eating disorder (anorexia, bulimia)?
24. Y N Do you have any illnesses or injuries now?
25. Y N Do you have or have you had any other significant health problems?
26. Y N Do you have any allergies (medications, tape, bee stings, etc.)?

When did you have your last tetanus immunization? _____

Explain all Yes answers by question number (use other side if more space is needed):

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

Signature _____ Date _____

G/FORMS/Med Rec/Ath Pre-Participation.doc/April 04



California State University, Los Angeles
STUDENT HEALTH CENTER

**ATHLETIC PRE-PARTICIPATION
QUESTIONNAIRE**

Last Name _____
First _____
CIN# _____