DOMINICAN ACADEMY

Catholic College Preparatory School for Girls

D.A. Medical Report and Sports Participation Screening

NAME_____ **Grade** _____ **D.O.B.**_____

Date of last health examination: _____

EXPLAIN YES ANSWERS BELOW. **A yes answer to a question does not mean automatic disqualification from athletic activity.**	**YES**	**NO**
1. **Have you ever been hospitalized?**	___	___
2. **Are you presently taking any medications or pills?**	___	___
3. **Do you have any allergies (medicine, bees, or other stinging insects)?**	___	___
4. **Have you ever passed out during or after exercises?**	___	___
Have you ever been dizzy during or after exercise?	___	___
Have you ever had chest pain during or after exercise?	___	___
Do you tire more quickly than your friends during exercise?	___	___
Have you ever had high blood pressure?	___	___
Have you ever been told you have a heart murmur?	___	___
Have you ever had racing of your heart or skipped heartbeats?	___	___
5. **Do you have any skin problems (itching, rashes, acne)?**	___	___
6. **Have you ever had a head injury?**	___	___
Have you ever been knocked out or unconscious?	___	___
Have you ever had a seizure?	___	___
Have you ever had a stinger, burner or pinched nerve?	___	___
7. **Have you ever had heat or muscle cramps?**	___	___
Have you ever been dizzy or passed out in the heat?	___	___
8. **Do you have trouble breathing or do you cough during or after activity?**	___	___
9. **Do you use any special equipment (pads, braces, mouth guard or goggles, etc.)?**	___	___
10. **Have you had any problems with your eyes or vision?**	___	___
Do you wear glasses or contacts or protective eyewear? ___	___	
11. **Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?**	___	___
Body Part_____		
12. **Have you had any other medical problem (infectious mononucleosis, diabetes, asthma, etc.)?**	___	___
13. **Have you had a medical problem or injury since your last evaluation?**	___	___
14. **When was your last tetanus shot?** _____		
15. **When was you first menstrual period?** _____		
What was your longest time between your periods? _____		

EXPLAIN ALL "YES" ANWSERS_____

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

Parent/Guardian Signature_____ **Date**_____