Personal Medical History

Name	Sex	Age	DOB

Personal Physician	Address	Telephone

		Yes	No
1.	Have you ever been hospitalized?		
2.	Have you ever had surgery?		
3.	Are you presently taking any medications or pills?		
4.	Do you have allergies (medicine, bees, or other stinging insects)?		
5.	Have you ever passed out during exercise?		
6.	Have you ever been dizzy during or after exercise?		
7.	Have you ever had chest pain during exercise?		
8.	Do you tire more quickly than your friends during exercise?		
9.	Have you ever had high blood pressure?		
10.	Have you ever been told that you have a heart murmur?		
11.	Has anyone in your family died of heart problems or a sudden death before the age of 50?		
12.	Do you have any skin problems (itching, rashes, acne)?		
13.	Have you ever had a head injury?		
14.	Have you ever been knocked unconscious?		
15.	Have you ever had a seizure?		
16.	Have you ever had a stinger, burner, or pinched nerve?		
17.	Have you ever had heat or muscle cramps?		
18.	Have you ever been dizzy or passed out in the heat?		
19.	Do you have trouble breathing or do you cough during or after activities?		
20.	Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)?		
21.	Have you had any problems with your eyes or vision?		
22.	Do you wear glasses, contacts, or protective eyewear?		
23.	Have you ever had any other medical problems (infectious mononucleosis, diabetes)?		
24.	Have you ever had a medical problem since your last evaluation?		

25. Have you ever sprained/strained, dislocated, fractured, broken, or had repeated swelling of any bones or joints?

☐ Head	☐ Shoulder	☐ Thigh	☐ Neck	☐ Elbow
☐ Knee	☐ Chest	☐ Forearm	☐ Shin/Calf	☐ Foot
☐ Back	☐ Wrist	☐ Ankle	☐ Hip	☐ Hand

1. When was your last tetanus shot?_____
2. When was your last measles shot?_____
3. When was your first menstrual period?_____
4. When was your first menstrual period?_____
5. What was your longest time between your periods last year?

Please explain “yes” answers here:

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

Signature of Dancer	Signature of Parent/Guardian	Date