

Belhaven University—Dance Department
PREPARTICIPATION HEALTH HISTORY EVALUATION\*

\*based on recommendations of the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine

PLEASE PRINT CLEARLY

HISTORY

Name \_\_\_\_\_ Sex M F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_
Permanent Address \_\_\_\_\_ Cell Number \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_
Contact Phone Number \_\_\_\_\_

PLEASE EXPLAIN ANY "YES" ANSWERS BELOW.

- 1. Have you had a health problem (physical or mental) or injury since your last check-up?
2. Have you ever been hospitalized overnight?
3. Are you currently taking any prescription or nonprescription (over the counter) medications or pills, or using an inhaler?
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?
5. Have you every passed out during or after exercise?
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?

- 7. Have you ever had a head injury or concussion?
8. Have you ever become ill from exercising in the heat?
9. Do you cough, wheeze, or have trouble breathing during or after activity?
10. Do you use any special protective or corrective equipment or devices that aren't usually used by those in dance?
11. Have you ever had a sprain, strain, or swelling after injury?

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12. Do you want to weigh more or less than you do now?  
 More  Less  No Change Desired  
Do you lose weight regularly to meet weight or appearance requirements for dance?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**FEMALES ONLY**

13. When was your first menstrual period?  
\_\_\_\_\_  
How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
How many periods have you had in the last year? \_\_\_\_\_  
What was the longest time between periods in the last year?  
\_\_\_\_\_

14. Do you feel stressed out now?  Yes  No  
Do you feel stressed out during dance activities?  Yes  No  
Do you often have trouble sleeping?  Yes  No  
Do you wish you had more energy most days of the week?  Yes  No  
Do you think about things over and over?  Yes  No  
Do you feel anxious and nervous much of the time?  Yes  No  
Do you often feel sad or depressed?  Yes  No  
Do you struggle with being confident?  Yes  No  
Do you feel hopeful about the future?  Yes  No  
Do you have a hard time managing your emotions (anger, frustration, impatience)?  Yes  No  
Do you ever have feelings of hurting yourself or others?  Yes  No

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

Dancer \_\_\_\_\_ Parent/Guardian (dancers under 18) \_\_\_\_\_ Date \_\_\_\_\_