ALLERGIES

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, American Osteopathic Academy of Sports Medicine, and NCAA Mental Health Best Practices Manual*

PLEASE PRINT CLEARLY

Name _____ Sex M F Age ____ Date of Birth _____
Permanent Address _____ Student Cell Number _____
City _____ State _____ Zip _____
Emergency Contact _____ Relationship to student_____
Contact's Phone Number _____

PLEASE EXPLAIN ANY "YES" ANSWERS ON LINES BELOW.

1. Have you had a health problem (physical or mental) or injury since your last check-up? ❑ Yes ❑ No

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2. Do you have an ongoing or chronic physical or mental health condition (Ex. ADHD, anxiety, depression, CRPS, Ehlers-Danlos, Epilepsy, etc)? ❑ Yes ❑ No

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3. Have you ever been hospitalized overnight? ❑ Yes ❑ No
Have you ever had surgery? ❑ Yes ❑ No

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4. Are you currently taking any prescription or nonprescription (over the counter) medications, pills, or using an inhaler? ❑ Yes ❑ No

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5. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? ❑ Yes ❑ No
Have you ever had a rash or hives develop during or after exercise? ❑ Yes ❑ No

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6. Have you every passed out or nearly passed out during or after exercise? ❑ Yes ❑ No
- ●Have you ever been dizzy during or after exercise? ❑ Yes ❑ No
- ●Have you ever had chest pain, discomfort, tightness, or pressure during or after exercise? ❑ Yes ❑ No
- ●Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during or after exercise? ❑ Yes ❑ No
- ●Have you had/do you have high blood pressure or high cholesterol? ❑ Yes ❑ No
- ●Has a doctor ever told you that you have any heart problems (heart murmur, irregular heartbeat, etc)? ❑ Yes ❑ No
- ●Do you get light-headed or feel shorter of breath than your friends during exercise? ❑ Yes ❑ No
- ●Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)? ❑ Yes ❑ No
- ●Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? ❑ Yes ❑ No
- ●Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? ❑ Yes ❑ No
- ●Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last two months? ❑ Yes ❑ No
- ●Has a physician ever denied or restricted your participation in sports, exercise, or performing arts for any heart problems? ❑ Yes ❑ No

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7. Do you have any current or recurring skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? ❑ Yes ❑ No

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8. Have you ever had a head injury or concussion? ❑ Yes ❑ No
- ●Have you ever been knocked out, become unconscious, or lost your memory? ❑ Yes ❑ No
- ●Have you ever had a seizure? ❑ Yes ❑ No
- ●Do you have frequent or severe headaches? ❑ Yes ❑ No
- ●Have you ever had numbness or tingling in your arms, hands, legs, or feet? ❑ Yes ❑ No
- ●Have you ever had a stinger, burner, or pinched nerve? ❑ Yes ❑ No
- ●Do you have Epilepsy? ❑ Yes ❑ No
- ●If you have Epilepsy, do you know your triggers? ❑ Yes ❑ No

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9. Do you or does someone in your family have sickle cell trait or disease? ❑ Yes ❑ No

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10. Have you ever become ill from exercising in the heat? ❑ Yes ❑ No

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11. Do you cough, wheeze, or have trouble breathing during or after activity? ❑ Yes ❑ No
- ●Do you have asthma? ❑ Yes ❑ No
- ●Do you have seasonal allergies that require medical treatment? ❑ Yes ❑ No

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12. Do you use any special protective or corrective equipment or devices that aren't usually used by those in dance (for example, knee brace, ankle brace, foot orthotics, or special wraps)? ❑ Yes ❑ No

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13. Have you ever had a sprain or strain?
    ❑ Yes ❑ No
    - Have you had a stress fracture, broken/fractured any bones, or dislocated any joints?
      ❑ Yes ❑ No
    - Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? ❑ Yes ❑ No
    - Do you have a bone, muscle, ligament, or joint injury that bothers you?
      ❑ Yes ❑ No

    If YES, check the appropriate box(es) and explain below.

    ❑ Head ❑ Elbow ❑ Hip
    ❑ Neck ❑ Forearm ❑ Thigh
    ❑ Back ❑Wrist ❑ Knee
    ❑ Chest ❑ Hand ❑ Shin/calf
    ❑ Shoulder ❑ Finger ❑ Ankle
    ❑ Upper arm ❑ Foot

_____

_____

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_____

14. 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
    - Are you trying to or has anyone recommended that you gain or lose weight? ❑ Yes ❑ No
    - Have you ever had an eating disorder? ❑ Yes ❑ No

_____

_____

_____

FEMALES ONLY

15. 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?

      _____

Over the past month,

16. 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 _____