

**ADELPHI UNIVERSITY  
ATHLETIC PRE-PARTICIPATION ASSESSMENT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student ID# \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Year in Sport \_\_\_\_\_ Sport(s) \_\_\_\_\_ Coach \_\_\_\_\_

**Allergies (Medicine, food or environmental):** \_\_\_\_\_

**List all medications you take (including vitamins & supplements):** \_\_\_\_\_

General Medical Questions	Yes	No	General Medical Questions	Yes	No
1. Have you ever been restricted from sports participation due to medical reason?			14. Do you have any history of broken bones, severe sprains, strains or other musculoskeletal injuries?		
2. Do you have any ongoing medical conditions?			15. Does anyone in your family have sickle cell disease or trait?		
3. Have you tested <b>POSITIVE</b> or had symptoms of <b>Coronavirus</b> ? Date _____			16. Have you ever had surgery?		
4. Were you ever hospitalized for Coronavirus? Date _____			If yes, for what and when (year)? a) _____ b) _____ c) _____		
5. Have you ever had a concussion? If yes, How many? _____ Hospitalized? _____			<b>Personal Concerns</b>		
6. Have you ever had a seizure?			17. Any history of drug or alcohol issues for yourself?		
7. Have you experienced chest discomfort, pain, tightness or pressure in your chest during or after exercise?			18. Are you on a special diet or do you have a history of an eating disorder?		
8. Have you ever passed out <b>During</b> or immediately <b>After</b> exercising or feel lightheaded?			<b>Females Only</b>		
9. Have you ever been told you have a heart problem?			19. Last menstrual period: _____		
10a. Does anyone in your family have a heart condition? _____			20. Are on Birth Control Pills or do you use a form of Birth Control?		
10b. Has anyone experienced a sudden death episode due to a cardiac condition? _____			Explain "yes" answers here by question #: _____ _____ _____ _____		
10c. Been diagnosed with Marfans syndrome or other congenital heart issues? _____					
10d. Have you ever been seen/evaluated by a heart doctor (cardiologist)? _____					
11. During exercise or immediately after do you feel excessively winded, short of breath, cough more than regular or wheeze?					
12. Do you have currently or have you ever been told you have asthma?			<b>By signing this form, I agree that all its content is true to the best of my knowledge.</b>		
13. Have you <b>EVER</b> been prescribed an inhaler for breathing?			<b>Athletes Signature:</b> X _____		

Reviewers Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_