Youth Sports Pre-Participation Questionnaire for Spangdahlem Air Base

Child's Name: _____

Date of Birth: _____

Parent's Name: _____

Sponsor's last 4 of SSN: _____

Estimated last physical exam date, if known (Month/Year): _____

Anticipated Sports/Program:

_____

Instructions: Please read and complete **ALL** sections thoroughly. If your child's primary medical provider or team have questions, they may schedule a virtual health appointment (telephone visit), or an in-person physical exam to clarify what sports program participation is permissible. Please return the **completed** and **signed** form to the clinic in which your child is seen (Family Health or Pediatrics). You may also send it via secured messaging to your provider via TRICARE Online.

Note: Permission to participate in sports does not guarantee your child will not be injured or develop health concerns while playing sports. If you as the parent have concerns about your child's ability to safely participate in organized sports or activities, please remove them from the sport or activity and seek medical care.

Medical History: Please list your child's past and current medical conditions/surgeries:

_____ _____

_____ _____

Medications: Please list all medications your child takes (over the counter, vitamins, herbals, supplements, etc.)

_____ _____

_____ _____

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Please answer Yes/No to the following questions:

1. Do you have any concerns about your child's ability to participate safely in the requested activity?

Yes No

2. Has a provider ever denied or restricted your child's participation in sports for any reason?

Yes No

3. Does your child have any ongoing medical issues or recent illness?

Yes No

4. Has your child ever passed out or nearly passed out during or after exercise?

Yes No

5. Has your child ever had discomfort, pain, tightness, or pressure in your chest during exercise?

Yes No

6. Does your child's heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?

Yes No

7. Has a doctor ever told you that your child has a heart problems?

Yes No

8. Has a doctor ever requested a test for his/her heart? For example, electrocardiography (ECG) or echocardiography.

Yes No

9. Does your child get light-headed or feel shorter of breath more than his/her friends during exercise?

Yes No

10. Has your child ever had a seizure?

Yes No

11. Has anyone genetically related to your child died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?

Yes No

12. Does anyone genetically related to your child 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 poly- morphic ventricular tachycardia (CPVT)?

Yes No

13. Has anyone genetically related to your child had a pacemaker or an implanted defibrillator before age 35?

Yes No

14. In the past 3-6 months has your child suffered a fracture or an injury to a bone, muscle, ligament, joint, or tendon requiring medical care?

Yes No

15. Does your child have a bone, muscle, ligament, or joint injury that bothers them?

Yes No

16. Does your child cough, wheeze, or have difficulty breathing during or after exercise?

Yes No

17. Has your child had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?

Yes No

18. Has your child ever had numbness, had tingling, had weakness in his/her arms or legs, or been unable to move his/her arms or legs after being hit or falling?

Yes No

19. Has your child ever became ill while exercising in the heat?

Yes No

20. Has your child ever had or do they currently have any problems with their eyes or vision?

Yes No

21. ***If applicable:*** Does your child have groin or testicle pain or a painful bulge or hernia in the groin area?

Yes No

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature (parent or guardian if under 18): _____ Date: _____