Riverdale Pediatrics, P.C.	Name
	Date of birth:

Sports Clearance Questionnaire

Question	Yes	No	Don't know
Have you had any injury or illness since last check-up?	Yes ☐	No ☐	Don't know ☐
Have you had any chronic illness, hospitalization or surgeries?	Yes ☐	No ☐	Don't know ☐
Are you taking any medications or supplements of any type?	Yes ☐	No ☐	Don't know ☐
Do you have any allergies to medications, insects or foods?	Yes ☐	No ☐	Don't know ☐
Do you get dizzy, or have passed out or nearly passed out during exercise?	Yes ☐	No ☐	Don't know ☐
Do you get dizzy, or have passed out or nearly passed out after exercise?	Yes ☐	No ☐	Don't know ☐
Have you ever had discomfort, pain or pressure in your chest during exercise?	Yes ☐	No ☐	Don't know ☐
Does your heart race or skip beats during exercise?	Yes ☐	No ☐	Don't know ☐
Does anyone in your family have Marfan syndrome?	Yes ☐	No ☐	Don't know ☐
Is there a history of sudden death in a close relative under 50 years of age?	Yes ☐	No ☐	Don't know ☐
Have you ever been restricted from sports by a physician?	Yes ☐	No ☐	Don't know ☐
Do you have any skin problems?	Yes ☐	No ☐	Don't know ☐
Have you ever had a concussion, been knocked out, unconsciousness, memory loss, seizure or severe or frequent headache?	Yes ☐	No ☐	Don't know ☐
Have you ever had a stinger, burner, pinched nerve or numbness or tingling in an extremity?	Yes ☐	No ☐	Don't know ☐
Have you ever had any problem while exercising in the heat?	Yes ☐	No ☐	Don't know ☐
Do you have asthma, allergies, wheezing, difficulty breathing or chest pain?	Yes ☐	No ☐	Don't know ☐
Do you wear special equipment or devices not usually used in your sport?	Yes ☐	No ☐	Don't know ☐
Do you wear glasses or contacts, or have vision or eye problems?	Yes ☐	No ☐	Don't know ☐
Have you had any strain, sprain, fracture or joint pain or swelling?	Yes ☐	No ☐	Don't know ☐
Do you lose weight regularly for your sport?	Yes ☐	No ☐	Don't know ☐
Do you feel stressed out?	Yes ☐	No ☐	Don't know ☐
Have you had any recent immunizations?	Yes ☐	No ☐	Don't know ☐
Do you wear protective braces or splints?	Yes ☐	No ☐	Don't know ☐
For girls: are your menstrual periods regular?	Yes ☐	No ☐	Don't know ☐