

# Competitive Edge Gymnastics Pre-Participation Medical Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Emerg. Telephone \_\_\_\_\_  
Gymnastics Club/Organization \_\_\_\_\_ Coach's Name \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Doctor's Telephone \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT STATEMENT

I, the parent of \_\_\_\_\_, give permission for emergency medical treatment of my child if I cannot first be contacted.

Date \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
Telephone – Home \_\_\_\_\_ Work \_\_\_\_\_ Emergency \_\_\_\_\_

## MEDICAL HISTORY

Directions: Check (✓) the appropriate space for yes or no. Some "yes answers require explanations; please provide them where appropriate.

## IMMUNIZATIONS

### Yes No

\_\_\_\_\_ Poliomyelitis  
\_\_\_\_\_ Tetanus – Date of last booster: \_\_\_\_\_

## GENERAL

\_\_\_\_\_ Are you currently taking any medications? If so, list them here:

\_\_\_\_\_ Do you have any allergies to foods and/or drugs? If so, list them here:

\_\_\_\_\_ Have you had any illnesses in the last two years? If so, list them here:

\_\_\_\_\_ Have you ever had any surgery? If so, list them here:

\_\_\_\_\_ Have you ever had any problems with heat (stroke, exhaustion, etc.)?

\_\_\_\_\_ Do you have frequent nausea and/or vomiting?

\_\_\_\_\_ Do you have hemophilia or a bleeding disorder?

\_\_\_\_\_ Do you have diabetes?

\_\_\_\_\_ Do you have anemia?

\_\_\_\_\_ Have you ever been advised by a medical doctor not to participate in any athletic activity?

**Yes No**

**EYES**

- \_\_\_ \_\_\_ Do you have poor vision in either eye?
- \_\_\_ \_\_\_ Do you wear glasses or contact lenses? (circle the appropriate response.)
- \_\_\_ \_\_\_ Do you have blurred vision?
- \_\_\_ \_\_\_ Do you have double vision?

**EAR, NOSE, AND THROAT**

- \_\_\_ \_\_\_ Do you have frequent nosebleeds?
- \_\_\_ \_\_\_ Do you have frequent sore throats?
- \_\_\_ \_\_\_ Do you have frequent ear infections?
- \_\_\_ \_\_\_ Have you noticed decreased hearing in either ear?

**CARDIOVASCULAR**

- \_\_\_ \_\_\_ Have you ever had rheumatic fever or scarlet fever?
- \_\_\_ \_\_\_ Have you ever been told that you have a heart murmur?
- \_\_\_ \_\_\_ Do you have high blood pressure?
- \_\_\_ \_\_\_ Do you ever get any chest pain?
- \_\_\_ \_\_\_ Do you ever get palpitations (extra strong or irregular heart beats)?
- \_\_\_ \_\_\_ Do you have a family history of heart attack before the age of 50?

**CHEST/PULMONARY**

- \_\_\_ \_\_\_ Have you ever had pneumonia?
- \_\_\_ \_\_\_ Do you have asthma?
- \_\_\_ \_\_\_ Are you frequently short of breath?
- \_\_\_ \_\_\_ Do you ever wheeze?

**ABDOMINAL**

- \_\_\_ \_\_\_ Do you have frequent abdominal pain?
- \_\_\_ \_\_\_ Do you have, or have you ever had, an ulcer?
- \_\_\_ \_\_\_ Have you ever had hepatitis?
- \_\_\_ \_\_\_ Do you ever have blood in your stools (bowel movements)?
- \_\_\_ \_\_\_ Do you ever have black, tarry stools?
- \_\_\_ \_\_\_ Have you ever had a hernia?
- \_\_\_ \_\_\_ Do you have pain or burning with urination?
- \_\_\_ \_\_\_ Do you ever have blood in your urine?
- \_\_\_ \_\_\_ Do you ever have dark colored urine?
- \_\_\_ \_\_\_ Do you have to urinate very frequently?
- \_\_\_ \_\_\_ Have you ever had a kidney stone?

**GYNECOLOGIC (Females only)**

- \_\_\_ \_\_\_ Have you started monthly menstrual periods?
- \_\_\_ \_\_\_ Are your periods regular?
- \_\_\_ \_\_\_ Do you have heavy bleeding with your periods?
- \_\_\_ \_\_\_ Do you take birth control pills?

**NEUROLOGIC**

- \_\_\_ \_\_\_ Do you have occasional dizziness?
- \_\_\_ \_\_\_ Do you ever faint?
- \_\_\_ \_\_\_ Do you get frequent and severe headaches?
- \_\_\_ \_\_\_ Have you ever had a concussion, or loss of consciousness?
- \_\_\_ \_\_\_ Have you ever had a neck injury?
- \_\_\_ \_\_\_ Have you ever had seizures or epilepsy? If yes, give date of most recent seizure: \_\_\_\_\_

**ORTHOPEDIC**

- \_\_\_ \_\_\_ Have you ever had any fractures/broken bones? If so, list them here: \_\_\_\_\_
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- \_\_\_ \_\_\_ Have you ever had a shoulder separation or dislocation? (Circle the appropriate response)
- \_\_\_ \_\_\_ Do you get chronic shoulder pain?
- \_\_\_ \_\_\_ Have you been told that you have bursitis or tendonitis in your shoulder?
- \_\_\_ \_\_\_ Have you ever had an elbow dislocation?
- \_\_\_ \_\_\_ Do you get chronic elbow pain?

**YES NO**

- \_\_\_ \_\_\_ Do you get chronic wrist pain?
- \_\_\_ \_\_\_ Do you get chronic back pain?
- \_\_\_ \_\_\_ Do you have scoliosis?

**YES NO**

- \_\_\_ \_\_\_ Do you have spondylolysis (stress fracture of the low back) or spondylolisthesis?
- \_\_\_ \_\_\_ Have you had occasional hamstring muscle strains/pulls?
- \_\_\_ \_\_\_ Do you get chronic knee pain?
- \_\_\_ \_\_\_ Have you had tendonitis about the knee?
- \_\_\_ \_\_\_ Has anyone ever told you that you have Osgood-Schlatter's disease?
- \_\_\_ \_\_\_ Have you ever had a cartilage tear in the knee?
- \_\_\_ \_\_\_ Have you ever had a ligament sprain/injury in the knee?
- \_\_\_ \_\_\_ Has your patella (kneecap) ever dislocated?
- \_\_\_ \_\_\_ Have you ever had shin splints or a stress fracture in your leg?
- \_\_\_ \_\_\_ Have you had achilles tendonitis?
- \_\_\_ \_\_\_ Do you get frequent ankle sprains?
- \_\_\_ \_\_\_ Do your ankles hurt when you land short?
- \_\_\_ \_\_\_ Do you have bunions that hurt?

HEIGHT \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT \_\_\_\_\_ lbs.

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_ Employer \_\_\_\_\_

EAR:

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NOSE:

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THROAT:

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DENTAL:

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