

OPS Pre-Participation Physical Exam
Supplemental Questions

Student Name _____

<u>Cardiovascular Health</u>	Yes	NO
1. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A Heart infection <input type="checkbox"/> Kawasaki Disease Other: _____		
2. Do you get light headed or feel more short of breath than expected during exercise?		
3. Do you get more tired or short of breath more quickly than your friends during exercise?		
4. Has any family member or relative died of heart problems or had an unexpected or unexplained death before age 50 (including drowning, unexplained car accident, or Sudden Infant Death Syndrome)?		
5. Does anyone in your family have hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, Long QT Syndrome, Short QT Syndrome, Brugada Syndrome, a catecholaminergic polymorphic ventricular tachycardia?		
6. Does anyone in your family have a heart problem, pace maker, or implanted defibrillator?		
7. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
<u>Bone and Joint Health</u>		
8. Do you have any bone, muscle, or joint injury that bothers you?		
9. Do any of your joints become painful, swollen, feel warm, or look red?		
10. Do you have any history of juvenile arthritis or connective tissue disease?		
<u>General Medical</u>		
11. Have you had a herpes or MRSA skin infection?		
12. Have you had any eye injuries?		