

Signature of participant:___

MESALANDS COMMUNITY COLLEGE

Wind Energy Technology
Preparticipation Physical Evaluation
History Form



Name		sex _	Age Date of birth				_
ddress							
ersonal physician							_
case of emergency, contact							
ameRelationship				_Phone (H)	(W)		_
xplain "Yes" answers below.	$\overline{1}$						_
rcle questions you don't know the answers to.	Yes	No				Yes	
Has a doctor ever denied or restricted your			24.	Do you cough, wheez			
participation in physical activities for any reason? Do you have an ongoing medical condition			25	breathing during or af	ter exercise? ur family who has asthma?		
(like diabetes or asthma)?		ш	25.	is there arryone in you	ar fairilly who has astrilla:	_	
Are you currently taking any prescription or			26.		in inhaler or taken asthma		
nonprescription (over-the-counter) medicines or pills? Do you have allergies to medicines, pollens, foods, or			27	medicine? Were you born withou	it or are you missing a		
stinging insects?		_	21.		icle, or any other organ?		
Have you ever passed out or nearly passed out			28.		us mononucleosis (mono)		
DURING exercise? Have you ever passed out or nearly passed out			29	within the last month?	nes, pressure sores, or other		
AFTER exercise?				skin problems?	·		
Have you ever had discomfort, pain, or pressure in your chest during exercise?			30.	Have you had a herpe	es skin infection?		
Does your heart race or skip beats during exercise?			31.	Have you ever had a	head injury or concussion?		
Has a doctor ever told you that you have				Have you been hit in t	the head and been confused		
(check all that apply): □High blood pressure □A heart murmur				or lost your memory?		_	
☐High cholesterol ☐A heart infection				Have you ever had a			
). Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)			34.	Do you have headach	es with exercise?		
Has anyone in your family died for no apparent			35.	Have you ever had nu	ımbness, tingling, or		
reason?					s or legs after being hit or		
2. Does anyone in your family have a heart problem?			36.	falling? Have vou ever been u	unable to move your arms or		
				legs after being hit or	falling?		
3. Has any family member or relative died of heart problems or of sudden death before age 50?			37.	When exercising in the muscle cramps or bed	e heat, do you have severe		
Does anyone in your family have Marfan syndrome?			38.	Has a doctor told you	that you or someone in your		
5. Have you ever spent the night in a hospital?			30		rait or sickle cell disease? bblems with your eyes or		
s. Have you ever spent the hight in a hospital?	Ш	ш	39.	vision?	bolems with your eyes or	Ц	
6. Have you ever had surgery?				Do you wear glasses			
 Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss 			41.	Do you wear protective or a face shield?	re eyewear, such as goggles		
work? If yes, circle affected area below:				or a race strietu?			
B. Have you had any broken or fractured bones or			42.	Are you happy with yo	our weight?		
dislocated joints? If yes, circle below:				. ,			
9. Have you had a bone or joint injury that required			43.	Are you trying to gain	or lose weight?		
x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?			44.	Has anyone recomme	ended you change your		
If yes, circle below:	_			weight or eating habit	s?		
ead Neck Shoulder Upper Arm bow Forearm Hand/fingers Chest			45.	Do you limit or careful	lly control what you eat?		
oper back Lower back Hip Thigh	-		46.	Do you have any cond	cerns that you would like to		
nee Calf/Shin Ankle Foot/toes	」 _	_		discuss with a doctor?			
). Have you ever had a stress fracture?				MALES ONLY		_	
Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?			47.	Have you ever had a	menstrual period?		
2. Do you regularly use a brace or assistive device?			48.	How old were you wh	en vou had vour first		
				menstrual period?			
3. Has a doctor ever told you that you have asthma or allergies?			49.	How many periods ha months?	ve you had in the last 12		
xplain "Yes"answers here:							_
April 100 unonoto noto.							
							_
							_
							_

Signature of parent/guardian:____ (If under 18)

_ Date:__