

## LGRC Pre-Participation Health Questionnaire

Athlete's Name: \_\_\_\_\_ US Rowing Number: \_\_\_\_\_

Circle team: MS NM NW VM VW Name of High School \_\_\_\_\_

	First and Last Name	Home Phone Number	Cell phone number	Email
Parent or Legal Guardian				
Parent (2nd) or legal guardian				
Emergency contact name				
Physician name				
Dentist name				

Health Insurance Company	
Health Insurance group Number	
Insurance ID Number	

Allergies		
Medications		
Medical Conditions		
Injuries/Limitations		

## LGRC Pre-Participation Health Questionnaire

**Athlete's Name:** \_\_\_\_\_

Circle yes or no

		General Health Questions	
yes	no	1. Has a doctor ever denied /restricted your participation in a sport for any reason? If so please explain: _____ _____ _____	
yes	no	2. Have you ever been told that you have a heart murmur or irregular heartbeat?	
yes	no	3. Have you ever had discomfort , pain, or pressure in your chest during exercise?	
yes	no	4. Has a doctor ever ordered a test for your heart?	
yes	no	5. Have you ever passed out or nearly passed out DURING exercise? If yes, please explain: _____ _____ _____	
yes	no	6. Have you ever passed out or nearly passed out AFTER exercise? If yes, please explain: _____ _____ _____	
yes	no	7. Have you had a physical medical exam with in the past 6 months?	
yes	no	8. Have you sustained a concussion, been unconscious or lost memory from a blow to the head? If yes, please provide dates and number of incidents: _____ _____ _____	
yes	no	9. Have you ever experienced any burning pain, weakness, numbness or tingling in the upper or lower extremities ? If yes, please explain: _____ _____ _____	
yes	no	10. Have you had any other injuries not mentioned? ( i.e sprains or strains) If so please explain: _____ _____ _____	

yes	no	11. Have you ever experienced back, knee, or shoulder pain? If so, please explain: _____ _____ _____	
yes	no	12. Has there been a recent history of fatigue or tiredness? If yes, please explain_____ _____ _____	
yes	no	13. Have you been treated for infectious mononucleosis in the past 12 months?	
yes	no	14. Have you ever been told by a medical doctor that you had a seizure?	
yes	no	15. Do you have an incompletely healed injury? If yes, please explain_____ _____ _____	
yes	no	16. Do you have any rashes, pressure sores, or skin problems? If yes, please explain_____ _____	
yes	no	17. Do you have any on going medical conditions? ( i.e. asthma, diabetes, anemia) If yes, please list: _____ _____ _____ _____	
yes	yes / no	18. Are you currently taking any prescribed medications? If yes, please list:_____ _____ _____	
yes	no	19. Are you taking any other the counter medications? If yes, please list: _____ _____ _____	
yes	no	20. Are you taking any supplements /herbs/naturopathic medications? If yes, please list: _____ _____ _____	
yes	no	21. Do you have any allergies to medications? If yes, please list names of medication and reaction: _____ _____ _____	

yes	no	22. Has any family relative died of heart problems or sudden death before age 50?	
yes	no	23. Has anyone in your family been diagnosed with epilepsy?	
<b>Women Only</b>			
yes	no	24. Are your menstrual cycles irregular? If yes, circle the appropriate answer: (measured from the point at which your period stops to when the next one begins) My cycles are less than 21 days apart. My cycles Longer than 35 days apart. My cycles skip or are completely missing.	
yes	no	25. Do you consume a small amount of food (i.e., less than 1200 calories/day) on a regular basis to influence your shape or weight?	
yes	no	26. Have you had stress fractures? If yes, please list area and dates: _____ _____ _____	

**I attest that the information above is correct and current to the best of my knowledge. If there are any changes, I agree to notify the Los Gatos Rowing Club Director of Rowing, Performance Director, and staff coaches. I understand that any predated medical condition(s) may have to be corrected prior to participation. It is my understanding the Los Gatos Rowing Club may deny my participation in the sport of rowing due to a medical condition found in this health questionnaire. I further acknowledge that I know of no health reason that disqualifies me from participating in rowing at Los Gatos Rowing Club , unless stated below** \_\_\_\_\_

**By signing below I certify that I am 18 years of age or older.**  
Participant Signature: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

LOS GATOS



ROWING CLUB

**PRE- PARTICIPATION PHYSICAL EVALUATION  
PHYSICAL EXAMINATION FORM**

ATHLETE'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

I have examined the above-named athlete. Based on this examination and the athlete's medical history as furnished to me, this athlete does not present clinical contraindications which would make it medically inadvisable for her/him to practice and participate in the sport(s). If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem has resolved and the potential consequences are completely explained to the athlete (and parents/guardians). A copy of the physical exam is on record in my office and can be made available to the LGRC's at the request of the parents.

Signature of Physician \_\_\_\_\_, MD or DO      Date of Exam \_\_\_\_\_

Name of the Physician (print) \_\_\_\_\_ \* This Exam is valid for 1 year to date \*

Address \_\_\_\_\_

Phone \_\_\_\_\_



## Medical Consent

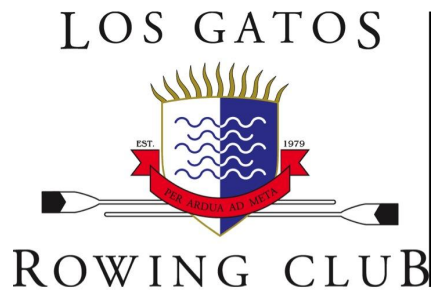
I hereby authorize Los Gatos Rowing Club employees to provide preventive, first aid, or emergency treatment as deemed necessary for my health and safety. In addition, when necessary, I grant permission for hospitalization for injury or illness.

As a participant in Los Gatos Rowing Club, it is my responsibility and I understand the following:

- I will report all injuries or illness to the Los Gatos Rowing Club employed coaches and performance director.
- In the event of injury, I will receive an evaluation, treatment and/or rehabilitation from my medical practitioner.
- I must be cleared by the medical practitioner prior to resuming activity following an injury or illness.
- I must have the LGRC Return to Rowing document filled out by my medical provider, and returned to the performance director prior to resuming sports related activity.
- I understand if the LGRC Return to Rowing document is not completely filled out, I will not be allowed to participate in sports related activities.

I have carefully read this medical consent form and authorize Los Gatos Rowing Club Director of Rowing, Performance Director, and staff coaches to provide preventive, first aid, or emergency care of injuries and illness that may incur while participating at Los Gatos Rowing Club or Los Gatos Rowing Club offsite events. Also, I understand my responsibilities as a participant of Los Gatos Rowing Club.

Name \_\_\_\_\_  
Signature \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's Signature( if under 18) \_\_\_\_\_ Date: \_\_\_\_\_



## HIPPA Authorization to use/disclose Protected Health Information

In order to evaluate your ability to participate safely in Los Gatos Rowing Club, the Director of Rowing, Performance Director, and staff coaches may use or disclose your private health and medical information and other information about you to others for the purposes of treatment, rehabilitation or referral of care.

Situations in which information may be disclosed may include, but are not limited to, the following:

- To explain your practice/competition limitations to a coach to prevent further risk of injury or illness.
- To allow your family members to assist you in making medical decisions.
- To refer you to another healthcare provider or hospital, if necessary, for your condition.
- To evaluate your injury for the preventive injury assessment

By signing this form, you authorize the Los Gatos Rowing Club Director of Rowing, Performance Director, and staff coaches, *to disclose the minimum amount* of protected health information (PHI) necessary between physicians, coaches, officials, family members, hospitals, and other related administrative staff regarding your past and present medical conditions, injury or illness. In addition, you authorize the release of PHI to ensure fast, safe, and efficient care of medical conditions, including treatment, verbal conversations, and electronic mail.

If you wish to revoke this authorization, a written revocation must be submitted to Los Gatos Rowing Club Director. Written revocation will be effective, upon receipt, but will not apply to information that has already been released in responses to this authorization.

**I have reviewed this consent form and authorize the Los Gatos Rowing Club to use and disclose PHI in accordance with it.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_