

**PEDIATRIC PRE-PARTICIPATION QUESTIONNAIRE**  
 Completed by a Parent/Guardian of Child

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

	Yes	No
Has your doctor ever said that your child has a heart condition and that your child should only do physical activity recommended by a doctor?		
Does your child ever experience chest pain during physical activity?		
Does your child ever lose balance because of dizziness or do they ever lose consciousness?		
Does your child have a bone or joint problem that could be made worse by a change in their physical activity participation?		
Does your child have uncontrolled asthma (i.e. asthma that is not easily controlled by an inhaler)?		
Is your doctor currently prescribing any medication for your child's blood pressure or a heart condition?		
Do you know of any other reason why your child should not undergo physical activity? This might include diabetes, a recent injury, or serious illness.		

1. Is your child currently on any medication(s)?  Yes  No

If yes, please list: \_\_\_\_\_

2. Does your child have any conditions that may affect their ability to perform exercise or physical activity?  Yes  No

If yes, please list (with any special instructions): \_\_\_\_\_

\_\_\_\_\_

3. Has your doctor ever given you or your child any specific instructions or advice regarding their participation in physical activity or exercise?  Yes  No

If yes, what was it? \_\_\_\_\_

\_\_\_\_\_

4. Does your child have any allergies to foods or medication?  Yes  No

If yes, please list (with any special instructions): \_\_\_\_\_

\_\_\_\_\_

*Please note: If your child's health changes so that you can answer YES to any of the above questions, notify the investigators and consult with your doctor regarding the level of physical activity that your child can participate in.*

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

(Please Print)

Date: \_\_\_\_\_