PANKO PERFORMANCE

**202 Piper Circle, Annville, Pa. 17003 Andy@Pankoperformance.com**

# CHILD MEDICAL HISTORY FORM

Name:_____ DOB:_____ Age:_____

Address:_____ Home Phone:_____

City:_____ State:_____ Zip:_____

Child's Physician:_____ Office Phone:_____

**In Case of Emergency, Notify the Following Person:**

Name:_____

Home Phone: _____Cell Phone: _____

Alternative Contact Name: _____Phone_____

**Please answer the following questions.:**

Please list any health conditions/injuries your child has/had:

_____

| | | |
|---|---|---|
| Has your Child's doctor ever said your Child has any cardiovascular problems? | Yes | No |
| Has your Child ever had a heart attack? | Yes | No |
| Does your Child ever experience an irregular or racing heart rate during exercise or at rest? | Yes | No |
| Does your Child often feel faint or have spells of severe dizziness? | Yes | No |
| Has a doctor ever said that your Child's blood pressure is too high? | Yes | No |
| Does your Child often have difficulty breathing? | Yes | No |
| Has a doctor ever told you that your Child has a bone or joint problem such as arthritis that has been aggravated by exercise, or might be aggravated with exercise? | Yes | No |
| Is there a good physical reason not mentioned here why your Child should not follow an activity program even if you wanted to? | Yes | No |
| Is your Child not accustomed to vigorous exercise? | Yes | No |
| Does your Child frequently suffer from chest pains? | Yes | No |
| Is your Child diabetic? | Yes | No |
| Is your Child pregnant? | Yes | No |