

II. Cardiac

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|--|-----|----|
| 1. Have you ever been told you have high blood pressure? | Yes | No |
| 2. Have you ever been told you have a murmur? | Yes | No |
| 3. Have you ever fainted or passed out while exercising? | Yes | No |
| 4. Has any family member had any heart problems before the age of 50? | Yes | No |
| 5. Have you or anyone in your family been told they have Marfan's Syndrome? | Yes | No |
| 6. Have you ever been told you have an irregular heart beat or other heart problems? | Yes | No |
| 7. Have you ever been evaluated for chest pain? | Yes | No |

If any Yes answers, please explain: _____

III. Respiratory

- | | | |
|---|-----|----|
| 1. Do you have asthma? | Yes | No |
| 2. Do you have a history of childhood asthma? | Yes | No |
| 3. Do you have any trouble with your lungs? | Yes | No |
| 4. Do you have any difficulty with shortness of breath or coughing spells? | Yes | No |
| 5. Do you have wheezing or coughing after exercise? | Yes | No |
| 6. Do you have any history of taking asthma medications? (pills or inhalers) | Yes | No |
| 7. Do you have a history of exposure to tuberculosis or a positive skin test? | Yes | No |

If any Yes answers, please explain: _____

IV. Neurologic

- | | | |
|---|-----|----|
| 1. Do you have a problem with frequent headaches, blurry vision or dizziness? | Yes | No |
| 2. Have you ever been knocked out? | Yes | No |
| 3. Have you ever had a concussion? | Yes | No |
| 4. Have you ever had a seizure? | Yes | No |
| 5. Do you currently have seizures or epilepsy? | Yes | No |
| 6. Do you have numbness, tingling or weakness in your arms or legs? | Yes | No |

If any Yes answers, please explain: _____

V. Musculoskeletal

- | | | |
|--|-----|----|
| 1. Do you have any neck problems? | Yes | No |
| 2. Do you have any back problems? | Yes | No |
| 3. Have you ever had a back or neck injury? | Yes | No |
| 4. Do you have any joint problems (shoulders, elbows, hips, knees, hands, fingers, ankles, toes) | Yes | No |
| 5. Do you have any incompletely healed injuries? | Yes | No |
| 6. Have you ever had a fracture or a cast? | Yes | No |
| 7. Do you have arthritis? | Yes | No |

If any Yes answers, please explain: _____

Signature and Release

“I have filled out this information questionnaire truthfully and to the best of my knowledge. I understand that failure to provide any information requested releases Florida Atlantic University, the Department of Music, Marching Owls Staff and consulting physicians from legal responsibility regarding recurrences or complication of any conditions not listed here.

I also permit the examining physician to release a copy of my completed Marching Owls physical exam form to the Department of Music and the Director of the Marching Owls for their records.”

Signed: _____ Date: _____
(student)

Received by: _____ Date: _____
(staff)