

Medical History

Name: _____ Student ID#/or SS# _____ Date: _____

Birth Date: _____ Sport: _____ Position: _____

**Check whether you have had any of the following injuries or conditions.
If YES, provide approximate date(s) and details below.**

YES	NO	INJURIES/CONDITIONS
		HEAD INJURIES
		BROKEN NOSE
		NECK INJURIES INVOLVING NERVES, BONES OR SPINAL CORD
		SHOULDER DISLOCATION, SEPARATION OR OTHER
		ELBOW INJURY
		WRIST, HAND OR FINGER INJURY
		BACK INJURY, OR LOW BACK PAIN THAT REQUIRED MEDICAL TREATMENT
		HIP INJURY
		KNEE INJURY
		"SHIN SPLINTS"
		ANKLE INJURY
		FOOT INJURY
		FRACTURED BONES OTHER THAN LISTED ABOVE (STRESS FRACTURES)
		OTHER SIGNIFICANT MUSCULOSKELETAL INJURY
		DO YOU HAVE A DENTAL PLATE OR BROKEN, CHIPPED OR LOOSE TOOTH?

List dates and details of above injuries: _____

**Check whether you have had any of the following conditions.
If YES, provide approximate date(s) and details of treatment below.**

YES	NO	CONDITION	YES	NO	CONDITION
		ANEMIA			KIDNEY DISEASE
		BLOOD IN URINE			LIVER DISEASE
		DEPRESSION			MIGRAINE HEADACHES
		DIABETES			MONONUCLEOSIS
		EPILEPSY OR SEIZURES			EATING DISORDER
		FREQUENT DIARRHEA			ULCERS
		HEART DISEASE			UNUSUAL BLEEDING
		HEART MURMUR			UNUSUAL BRUISING
		HEART PALPITATIONS			ASTHMA
		HEAT ILLNESS			ALLERGY TO MEDICATION
		HERNIA			OTHER ALLERGIES
		HEPATITIS A,B OR C			HIGH BLOOD PRESSURE
		SUDDEN DEATH IN FAMILY MEMBER UNDER AGE OF 40			MISSING ORGANS(EYE, TESTICLE, KIDNEY)

List dates and details of above conditions: _____

Medical History

Check whether you have experienced any of the following conditions.

If YES, please provide approximate date(s) and/or details.

YES	NO	CONDITION	DETAILS		
		FAINTING			
		CONCUSSION			
		HOSPITALIZATION			
		TAKING MEDICATION	DRUG	DOSAGE	REASON

***DO YOU OR ANYONE IN YOUR FAMILY CARRY SICKLE CELL TRAIT: YES_____ NO_____**

The information on this form is true and complete to the best of my knowledge. I have been honest and forthcoming in the disclosure of all my medical issues and prior injuries that may be pertinent to my sport participation clearance. I hereby state that I am in excellent health, and fit to participate in intercollegiate athletics.

Signature:_____ Date:_____

Signature of Parent/Guardian(if under 18):_____ Date:_____