



# STUDENT-ATHLETE MEDICAL HISTORY



Name: \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I.

Year: Fr. So. Jr. Sr. Sport: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Explain any Yes answers below:

- |   |   |   |  |       |           |            |          |       |
|---|---|---|--|-------|-----------|------------|----------|-------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?  | Y | N | 30. Have you had any problems with your eyes/vision?   | Y     | N         |            |          |       |
| 2. Do you have an ongoing or chronic illness?   | Y | N | 31. Do you wear glasses, contacts, or protective eyewear?  | Y     | N         |            |          |       |
| 3. Family history diabetes, heart attack, sudden death?   | Y | N | 32. Have you ever had a sprain, strain, swelling after injury?                                   | Y     | N         |            |          |       |
| 4. Have you ever had surgery?   | Y | N | 33. Have you broken/fractured a bone or dislocated a joint?                                      | Y     | N         |            |          |       |
| 5. Are you currently taking any prescription, non- prescription medications, pills or using an inhaler?                         | Y | N | 34. Have you had any previous surgery?   | Y     | N         |            |          |       |
| 6. Have you ever taken any supplements or vitamins to help gain/lose weight or improve performance?                             | Y | N | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?  | Y     | N         |            |          |       |
| 7. Have you ever had instances with blood in your urine, stool, spit, and/ or vomit?  | Y | N | If YES, circle and explain below:  |       |           |            |          |       |
| 8. Have you ever passed out during or after exercise?   | Y | N | Head   | Neck  | Back      | Chest      | Shoulder | Elbow |
| 9. Have you ever been dizzy during or after exercise?   | Y | N | Forearm  | Wrist | Hand      | Finger     | Hip      |       |
| 10. Have you ever had chest pain during or after exercise?  | Y | N | Thigh  | Knee  | Shin/Calf | Ankle/Foot |          |       |
| 11. Do you have any history of sickle cell anemia?  | Y | N | 36. Do you want to weigh more than you do now?   | Y     | N         |            |          |       |
| 12. Do you have history of prior exertional chest pain? (Chest pain with activity)  | Y | N | 37. Do you lose weight regularly to meet requirements for your sport?                            | Y     | N         |            |          |       |
| 13. Do you have a family history of hypertrophic cardiomyopathy, long QT syndrome, Marfan's Syndrome, or other heart condition? | Y | N | 38. Have your athletic activities ever been interrupted because of mental or emotional problems? | Y     | N         |            |          |       |
| 14. Have you been told that you have a heart murmur?  | Y | N | 39. Have you ever been diagnosed with an eating disorder?  | Y     | N         |            |          |       |
| 15. Has anyone in your family died of heart problems or a sudden death prior to age 50?   | Y | N | 40. I feel anxious and nervous much of the time.   | Y     | N         |            |          |       |
| 16. Have you had a severe viral infection (mononucleosis or hepatitis) in the last month?                                       | Y | N | 41. I often feel sad or depressed.   | Y     | N         |            |          |       |
| 17. Have you ever experienced an epileptic seizure or been informed that you may have epilepsy?                                 | Y | N | 42. I have a hard time managing my emotions (frustration, anger, impatience).                    | Y     | N         |            |          |       |
| 18. Have you ever had a head injury or concussion?  | Y | N | 43. I have feelings of hurting myself or others.   | Y     | N         |            |          |       |
| 19. Have you ever lost consciousness?   | Y | N | FEMALES ONLY:  |       |           |            |          |       |
| 20. Do you have frequent or severe headaches?   | Y | N | 44. When was your first menstrual period? _____  |       |           |            |          |       |
| 21. Have you ever had a seizure?  | Y | N | 45. When was your most recent menstrual period? _____  |       |           |            |          |       |
| 22. Have you ever had numbness, tingling in your arms, hands, legs, or feet?  | Y | N | 46. How much time from the start of one period to the start of another? _____                    |       |           |            |          |       |
| 23. Have you ever had stinger, burner or pinched nerve?   | Y | N | 47. How many periods did you have in the past year? _____  |       |           |            |          |       |
| 24. Have you ever become ill from exercising in the heat?   | Y | N | 48. What was longest time between periods in last year? _____                                    |       |           |            |          |       |
| 25. Have you ever been dizzy or passed out in the heat?   | Y | N | 49. Have you ever had an abnormal PAP Smear or Pelvic exam?                                      | Y     | N         |            |          |       |
| 26. Do you cough, wheeze, have trouble breathing during/after activity?   | Y | N | PLEASE EXPLAIN "YES" ANSWERS (List by question #):   |       |           |            |          |       |
| 27. Do you have asthma?   | Y | N | _____  |       |           |            |          |       |
| 28. Do you have seasonal allergies requiring medical treatment?   | Y | N | _____  |       |           |            |          |       |
| 29. Do you use any protective or corrective devices (braces, orthotics, hearing aid, etc.)?                                     | Y | N | _____  |       |           |            |          |       |

I hereby state that, to the best of my knowledge, my information and answers to the above questions are complete and correct. I understand that my records will be destroyed seven (7) years after completion of athletic participation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_