SECTION A: Medication and Allergies

1. List any allergies you currently have (medication, food, bee stings, latex, environmental):

2. List all prescription medications you are currently taking, their doses, and what they are used for:

3. List any vitamins or supplements you are currently taking and their intended purpose:

SECTION B: Current Medical Status

Have you been diagnosed with asthma? Y/N
   If so, is it exercise-induced or made worse with exercise? Y/N
   How often do you take a fast-acting inhaler for relief?
   Have you ever been to the emergency room or been hospitalized for your asthma or related complications Y/N
   If so, when?

Do you have specific knowledge of having sickle-cell trait? Y/N

Do you have impairment of, absence of, or non-functioning organs? Y/N
   Explain:

List any current (unresolved) medical conditions or ongoing/chronic injuries you have:

Do you currently have or have you recently (over the past year) experienced any of the following:
- Frequent dizziness with exercise? Y/N
- Chest pain with exercise? Y/N
- Excessive or unexplainable weight loss or gain? Y/N
- Shortness of breath, wheezing, or coughing with exercise? Y/N
- Depression? Y/N
- Unusual fatigue with exercise? Y/N
- Heart murmur? Y/N
- High blood pressure? Y/N
- Low blood pressure? Y/N
- Episodes of hypoglycemia (low blood sugar)? Y/N
- Diabetes? Y/N
- Frequent or severe headaches? Y/N
- Fainting or near fainting? Y/N
- Frequent joint pain or swelling? Y/N
- Frequent or recurrent muscle spasm, cramps? Y/N
- Chest pain, palpitations, or fluttering heart beats? Y/N
- Episodes of excessively fast or slow heart rate? Y/N
- Chronic or frequent coughing? Y/N

Tiredness without apparent reason? Y/N
- Weakness or numbness / tingling of hands or feet? Y/N
- Eating Disorder? Y/N
- Anxiety Disorder? Y/N
- Anemia? Y/N
- Problems with vision? Y/N
- Problems with hearing? Y/N
- Knee pain / injury? Y/N
- Ankle pain / injury? Y/N
- Foot pain / injury? Y/N
- Hip pain / injury? Y/N
- Back or neck pain / injury? Y/N
- Shoulder pain / injury? Y/N
- Elbow pain / injury? Y/N
- Hand / wrist pain / injury? Y/N

*If you answered “Y” to any above, briefly explain and state whether or not you’ve sought treatment and from whom:

FEMALES ONLY:
- Irregularity or absence of menstrual cycle? Y/N
- Excessively painful menstrual cycle? Y/N
- Are you or do you think you may be pregnant? Y/N

*If you answered “Y” to any above, briefly explain and state whether or not you’ve sought treatment and from whom:
SECTION C: Past Medical History

List any significant past orthopedic / athletic injuries you’ve sustained and the year in which they occurred (i.e. fractures, dislocations, injuries to joints / ligaments such as sprains or strains, head or neck injuries, etc.)

List any significant past (resolved) medical conditions:

Have you ever sustained a concussion? Y/N
If so, how many?
When?
How severe/what grade?
How long were you held out of practice/competition?
Were you under the care of a physician?
Did you have CT or MRI scan done?

Have you ever fainted during exercise? Y/N
Have you ever been “knocked out” (lost consciousness), or had memory loss? Y/N
Have you ever had a seizure? Y/N
Have you ever had a “stinger”/“burner”? Y/N
If so, how many?
When?

Have you ever experienced heat illness? Y/N
If so, when and how severe?

Have you ever had a MRSA infection? Y/N

List surgical and hospitalization history, date, and reason:

Have you ever been advised to have surgery which has not been done? Y/N
Explain:

SECTION D: Family History

Has any member of your family died suddenly? Y/N
Has any member of your family died during exercise? Y/N
Do you have a family history of heart disease? Y/N
Do you have a known family history of sickle-cell trait? Y/N
List any other significant diseases / conditions in your family history:

SECTION E: Other

Please list any other important medical information about yourself not already addressed:

Do you require any special protective equipment for participation in your sport?

Do you have any questions or concerns you would like to discuss with our athletic training staff or a physician?