



MEDICAL HISTORY QUESTIONNAIRE

PLAYER INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____ Phone: (____) _____

Emergency Contact: _____ Relationship: _____ Phone: (____) _____

PLEASE CIRCLE NO OR YES AND LIST DETAILS AS REQUESTED. ALL INFORMATION WILL REMAIN CONFIDENTIAL AND APPLIED ONLY TO EMERGENCY CARE SITUATIONS.

NO/YES	Do you have any allergies? (Foods, medications, etc.) Please list: _____
NO/YES	Do you regularly take any over the counter and/or prescription medication? Please list and provide reasons: _____
NO/YES	Have you ever been told that you have (had) asthma or exercise induced asthma? List medications: _____
	Have you ever been diagnosed with any major diseases or conditions? (diabetes, epilepsy, heart disease, etc.) List: _____
NO/YES	Do you have or have you ever had a hernia or rupture? List dates if repaired: _____
NO/YES	Have you ever been knocked out or had a concussion or other closed head injury? List dates: _____
NO/YES	Have you ever injured the bones, ligaments, nerves, or discs of your neck and back that disabled you for a week or longer? List injury/dates: _____
NO/YES	Have you ever had a broken bone or fracture? Right or Left List bones/dates: _____
NO/YES	Have you ever had a shoulder/elbow or wrist injury that disabled you for a week or longer? R or L List injury/dates: _____
NO/YES	Have you ever injured the ligaments in your knee? Right or Left List injury/dates: _____
NO/YES	Have you ever had an ankle injury that disabled you for a week or longer? (dislocation, sprain, separation, etc.) Right or Left List injury/dates: _____
NO/YES	Do you presently have a rod, pin, screw, or plate anywhere in your body? Where: _____ List injury/dates: _____
NO/YES	Do you wear contact lenses or removable dental appliances while participating in your sport? List items: _____
NO/YES	Have you experienced any major surgery? List: _____
NO/YES	Are you current on all immunizations? List special considerations: _____
NO/YES	Do you have any other conditions you wish to make us aware? Please specify and give details: _____

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. SIGNING THIS DOCUMENT RELEASES ALL INFORMATION TO ASSIST IN THE APPLICATION OF NECESSARY EMERGENCY CARE.

_____ PLAYER NAME	_____ SIGNATURE	_____ DATE
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_____ PARENT/LEGALGUARDIAN NAME	_____ SIGNATURE	_____ DATE
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