



**Campus Recreation
Annual Health Update**
Please Print Legibly

Student Life
Campus Recreation

Athlete's Name: _____ Sex: _____ Age: _____ Date of Birth ___/___/_____
 Local Address: _____ Local Phone Number: _____
 Club Sport: _____

Medical History: Explain "YES" answers in the space provided below. Circle questions you don't know answers to.

	YES	NO		YES	NO
1. Have you had a medical illness since your last check up or sports physical?	_____	_____	16. Do you have asthma?	_____	_____
2. Do you have any ongoing chronic illness?	_____	_____	17. Do you use any protective equipment that aren't usually used for your sport position (ie. knee brace, foot orthotics, hearing aid, retainer)?	_____	_____
3. Have you ever had surgery?	_____	_____	18. Do you wear glasses, contacts or protective eyewear?	_____	_____
4. Are you currently taking any prescription or non prescription medications drugs or inhalers?	_____	_____	19. Have you ever had a sprain, strain or swelling after injury?	_____	_____
5. Have you ever taken supplements or vitamins To help you gain or lose weight or improve Performance?	_____	_____	20. Have you broken or fractured any bones or dislocated any joints?	_____	_____
6. Do you have any allergies (ie. pollen, food medicine, or insects)?	_____	_____	21. Have you ever had any problems with pain, swelling in muscles, tendons, bones or joints?	_____	_____
7. Have you passed out during or after exercise	_____	_____	<i>If yes, check appropriate blank and explain below</i>		
8. Have you ever had chest pain during or after exercise?	_____	_____	_____Head	_____Elbow	_____Hip
9. Have you had high blood pressure or high cholesterol?	_____	_____	_____Neck	_____Forearm	_____Thigh
10. Have you ever had a head injury or concussion?	_____	_____	_____Chest	_____Wrist/Hand	_____Knee
11. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	_____Shoulder	_____Finger	_____Ankle
12. Have you ever had a seizure?	_____	_____	_____Upper Arm	_____Back	_____Foot
13. Have you ever had a stinger, burner or pinched nerve?	_____	_____	22. Has any relative had sudden death or Marfan's syndrome?	_____	_____
14. Do you cough, wheeze or have trouble breathing during or after exercise?	_____	_____	23. Do you want to weight more or less than you do now?	_____	_____
15. Have you ever had irregular heartbeats or palpitations?	_____	_____	24. Do you regularly exercise? How often? _____	_____	_____

Explain "Yes" answers here: _____

Athlete/Patient Consent for Release Information

I hereby certify that the answers to the above questions are true, correct and include all pertinent medical information. I hereby authorize the release of the above information to Director of Campus Recreation and to the Associate Dean of Student and Community life.

Athlete's Signature: _____ Date: _____
 If athlete is under the age of 18:
 Guardian's Signature: _____ Date: _____

Re-release of medical information by recipient is prohibited unless duly authorized by the athlete/patient.

For ATC use ONLY:

ATC Reviewed: _____	Date: _____
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