

CARTHAGE COLLEGE ATHLETIC MEDICAL HISTORY

Name: _____ Date of Birth: _____ Date: _____
Last First M.I.

Sport(s): _____ Cell/School Phone: _____

Parents or Guardians Name: _____ Home Phone: _____

Permanent Address: _____

Allergies: _____ *Current Medications: _____

Please answer all questions and be as complete as possible. Please include any and all information relating to your current and past medical history. Circle the appropriate answer that applies to each year of college. Explain any "YES" answers in the space provided. If you are a returning athlete, please indicate any changes that have occurred over the last year. **For all " * " conditions provide medication info above.**

DISEASE & ILLNESS

	1 ST YR.	2 ND YR.	3 RD YR.	4 TH YR.
Intense chest pain with exercise that has exceeded a few seconds in duration	YES NO	YES NO	YES NO	YES NO
Infectious mononucleosis	YES NO	YES NO	YES NO	YES NO
*Epileptic seizures or diagnosed as having epilepsy	YES NO	YES NO	YES NO	YES NO
*Diabetes	YES NO	YES NO	YES NO	YES NO
*Asthma or Exertional Induced Bronchospasm	YES NO	YES NO	YES NO	YES NO
Staph / MRSA	YES NO	YES NO	YES NO	YES NO
Hepatitis	YES NO	YES NO	YES NO	YES NO
Heat Illness	YES NO	YES NO	YES NO	YES NO
*Heart condition	YES NO	YES NO	YES NO	YES NO
Rheumatic fever	YES NO	YES NO	YES NO	YES NO
Illnesses requiring bed rest of more than one week	YES NO	YES NO	YES NO	YES NO
Hernia	YES NO	YES NO	YES NO	YES NO
Iron deficiency or suffered from uncontrollable bleeding	YES NO	YES NO	YES NO	YES NO
Exertional syncope (fainting during exercise)	YES NO	YES NO	YES NO	YES NO

Explanation of any YES responses: _____

HEAD AND NECK INJURIES

	1ST YR.	2ND YR.	3RD YR.	4TH YR.
*History of headaches	YES NO	YES NO	YES NO	YES NO
Neck injuries	YES NO	YES NO	YES NO	YES NO
“Stinger” or “burner” injuries	YES NO	YES NO	YES NO	YES NO
Any injury involving your spine or vertebral discs	YES NO	YES NO	YES NO	YES NO
Altered mental status (concussion) or knocked unconscious	YES NO	YES NO	YES NO	YES NO

Explanation of any YES responses: _____

EYES/EARS/DENTAL *Do you use any of the following:*

Glasses	YES NO	YES NO	YES NO	YES NO
Contact lenses Hard _____ Soft _____	YES NO	YES NO	YES NO	YES NO
Hearing aids	YES NO	YES NO	YES NO	YES NO
Dental appliances	YES NO	YES NO	YES NO	YES NO

Explanation of any YES responses: _____

UPPER EXTREMITIES *Have you ever injured any of the following areas (please specify L/R):*

Elbow injury	YES NO	YES NO	YES NO	YES NO
Wrist injury	YES NO	YES NO	YES NO	YES NO
Finger injury	YES NO	YES NO	YES NO	YES NO
Back injury	YES NO	YES NO	YES NO	YES NO
Fractures of the upper extremity	YES NO	YES NO	YES NO	YES NO
Any surgeries to the upper extremity	YES NO	YES NO	YES NO	YES NO
Shoulder injuries such as dislocations, separations, etc.	YES NO	YES NO	YES NO	YES NO

Explanation of any YES responses: _____

LOWER EXTREMITIES *Have you ever injured any of the following areas (please specify L/R):*

	1ST YR.	2ND YR.	3RD YR.	4TH YR.
Hip	YES NO	YES NO	YES NO	YES NO
Hamstring	YES NO	YES NO	YES NO	YES NO
Meniscus/cartilage – knee	YES NO	YES NO	YES NO	YES NO
Ligaments – knee	YES NO	YES NO	YES NO	YES NO
Any other knee problems	YES NO	YES NO	YES NO	YES NO
Shin splint/stress fractures	YES NO	YES NO	YES NO	YES NO
Ankle sprain	YES NO	YES NO	YES NO	YES NO
Any other ankle problems	YES NO	YES NO	YES NO	YES NO
Any foot injuries	YES NO	YES NO	YES NO	YES NO
Fractures of the lower extremity	YES NO	YES NO	YES NO	YES NO
Any surgeries to the lower extremity	YES NO	YES NO	YES NO	YES NO

Explanation of any YES responses: _____

GENERAL MEDICAL INFORMATION

Has a physician ever limited/restricted you from athletic participation?	YES NO	YES NO	YES NO	YES NO
Have you ever experienced any heat illnesses?	YES NO	YES NO	YES NO	YES NO
Have you ever been diagnosed with an eating disorder?	YES NO	YES NO	YES NO	YES NO
Any other health or medical related information not covered above?	YES NO	YES NO	YES NO	YES NO
Any change in current medications or allergies listed from your 1 st year?	N/A	YES NO	YES NO	YES NO

Explanation of any YES responses: _____

FEMALE ATHLETES ONLY

Does your menstrual cycle occur on a regular basis?	YES NO	YES NO	YES NO	YES NO
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Explanation of any YES responses _____

ASSUMPTION OF RISK, MEDICAL/INSURANCE RELEASE AND TRANSCRIPT RELEASE

The undersigned hereby acknowledges that he/she understands that all participation in intercollegiate activities at CARTHAGE COLLEGE is voluntary, and is not a part of the academic curriculum of the College. In consideration of the College making any equipment and/or facilities available to the intercollegiate program and/or the undersigned while participating in such activities, the undersigned hereby releases CARTHAGE COLLEGE, its successors, assigns, officers, agents, and all employees from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from the undersigned student's participation in the activities of any intercollegiate sport.

The undersigned further agrees that he/she understands that many of the intercollegiate activities involve substantial risk of injury, and that the College does not or may not provide medical insurance covering such injuries and that the undersigned has, accordingly, been encourage to secure insurance protection.

The undersigned also authorizes CARTHAGE COLLEGE Athletic Training Department to release information regarding his/her medical history, record of injury or surgery, record of serious illness, and rehabilitation results as may be requested by team physician, referral physician, or other healthcare professionals. This Release remains valid until revoked by the undersigned athlete in writing.

The undersigned also authorizes CARTHAGE COLLEGE Athletic Department to receive his/her grade reports and to use them to determine eligibility under existing college and NCAA rules and regulations.

If the undersigned is married and/or a minor, then the signature of the spouse, parent or guardian appearing in the space below signifies acceptance by said spouse, parent or guardian that the terms and conditions hereof shall be binding.

_____ Athlete's Signature	_____ Date	_____ Spouse's Signature	_____ Date
_____ Parent or Guardian's Signature (If athlete has not reached 18 years old)	_____ Date		

PHYSICAL EXAM AND ATHLETIC HEALTH WAIVER

I have had a complete physical examination on the date listed next to my signature. I have completed an athletic health questionnaire to the best of my knowledge and have discussed with the Carthage athletic trainer my prior medical history as well as all existing complaints, injuries, ailments and symptoms. I also affirm that I do not suffer from any disability, injury, condition, complaint or problem that I HAVE NOT DISCLOSED in any such forms and/or have not discussed with the Carthage athletic trainer. I recognize the importance of fully and accurately disclosing my physical condition, past and present, to the Carthage College athletic trainer.

_____ Athlete's Signature – 1 st year	_____ Date	_____ Athlete's Signature – 2 nd year	_____ Date
_____ Athlete's Signature – 3 rd year	_____ Date	_____ Athlete's Signature – 4 th year	_____ Date

