



Name: \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Father's Name: \_\_\_\_\_ Best Contact Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Best Contact Phone Number: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please indicate MEDICAL ALERTS such as allergic reactions, contact lenses, etc.: \_\_\_\_\_

**Medical History:**

**Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.**

1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50? \_\_\_Yes \_\_\_No
2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? \_\_\_Yes \_\_\_No
3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise? \_\_\_Yes \_\_\_No
4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? \_\_\_Yes \_\_\_No
5. Does the athlete have a history of concussion? \_\_\_Yes \_\_\_No
6. Has the athlete ever suffered a heat-related illness (heat stroke)? \_\_\_Yes \_\_\_No
7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem? \_\_\_Yes \_\_\_No
8. Does the athlete take any medication(s)? \_\_\_Yes \_\_\_No
9. Is the athlete allergic to any medications or bee stings? \_\_\_Yes \_\_\_No
10. Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition? \_\_\_Yes \_\_\_No
11. Has the athlete had surgery or been hospitalized in the past year? \_\_\_Yes \_\_\_No
12. Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year? \_\_\_Yes \_\_\_No
13. Are you, the athlete, worried about any problem or condition at this time? \_\_\_Yes \_\_\_No

**Please give details on any "YES" answer from the above health history.**

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