

[Return to Athletic Training Room](#)

Please Print

Date: _____ Name: _____

Sport: _____ Birthdate: _____

PLEASE ANSWER ALL QUESTIONS AND EXPLAIN ANY YES ANSWER IN THE SPACE PROVIDED.

Disease and Illness

Yes No

- 1. Have you ever experienced an epileptic seizure or had convulsions? Date _____
- 2. Have you had hepatitis during the past three years? Date _____
- 3. Have you ever been treated for diabetes? Date _____
- Does anyone in your close family have diabetes? Who? _____
- 4. Have you been treated for mononucleosis or any other virus in the last year?
Date and what virus? _____
- 5. Do you or anyone in your family have high blood pressure? Who? _____
- 6. Have you ever been told you have a heart murmur or any other heart "trouble?" When? _____
- 7. Does anyone in your family have heart "trouble?" Who? _____
- 8. Have you ever experienced chest pain during exercise? When? _____
- 9. Have you ever fainted? When? _____
- During exercise? _____
- 10. Has anyone in your family died suddenly before age 35? Who/Why? _____
- Before 50? Who/Why? _____
- 11. Have you experienced a concussion in the past three years? Dates: _____
- 12. If yes to question #11, did you lose consciousness as a result? _____
- Dates? _____
- 13. Have you ever suffered a fractured skull? Date: _____
- 14. Have you ever suffered whiplash, pinched nerve, or any other type of neck injury? Date and type _____
- 15. Do you suffer from migraine headaches? _____
- 16. Do you wear any dental appliance? List: _____
- 17. Do you wear contact lenses? What type? _____
- 18. Do you wear glasses?
- 19. If yes to #17 or #18, do you wear them during athletics?
- 20. Have you ever fractured your nose? Date: _____
- 21. Do you have nose bleeds? How often? _____
- 22. Do you have any hearing problems? _____
- 23. Have you had or do you have asthma? Explain _____
- Do you use an inhaler or other medications? List: _____
- 24. Do you have sickle cell anemia or sickle cell trait? _____

(Complete Other Side)

Bone and Joints

Yes No

25. _Have you ever fractured a bone? Which bone(s)? _____ Date: _____
26. _Have you ever had a shoulder injury? Explain _____ Date: _____
27. _Have you ever injured either elbow? Explain _____ Date: _____
28. _Have you ever injured your hands/wrists? Explain _____ Date: _____
29. _Have you ever injured your back? Explain _____ Date: _____
30. _Have you ever injured either knee? Explain _____ Date: _____
31. _Have you ever injured either lower leg? Explain _____ Date: _____
32. _Have you ever injured either ankle? Explain _____ Date: _____
33. _Have you ever had any foot problems? Explain _____ Date: _____
34. _Have you ever strained or "pulled" a muscle? Explain _____
35. _Have you ever had a pin, screw, or plate somewhere in your body? Explain _____

General Medical Data

Yes No

36. Have you ever had any surgeries? Explain _____ Date: _____
37. Have you ever been hospitalized? Explain _____ Date: _____
38. Are you allergic to any medications? Explain _____
39. Do you have any other known allergies? Explain _____
40. Do you take any medications regularly? Please name all (include birth control) _____
41. (MEN) Do you have a loss of function or absence of testicles or any other related problems? Explain _____
42. (WOMEN) Do you have a menstrual cycle? _____
43. (WOMEN) Do you have any menstrual problems? Explain _____
Age of onset of menstruation _____
44. In the last year, what was your: lowest weight _____ highest weight _____
45. What do you think is your ideal weight? _____
46. Are you allergic to bee stings? _____
47. Do you have a problem with "athletes foot?"
48. Do you have or have you had a fungus infection or recurrent rash? Where? _____
49. Have you had any heat related illnesses (heat cramps, heat exhaustion, or heat stroke)?
Explain: _____
50. Are you missing any organs? Explain _____
51. Have you had or do you now have a hernia? _____
52. Immunizations: Date of last tetanus _____
53. Do you use tobacco products? What type? _____

I have answered truthfully all questions and understand that withholding any history or prior illness/injury may release Minnesota State University Moorhead from any financial responsibility or legal liability for a preexisting problem.

Athlete's Printed Full Name _____

Date _____ Athlete's Signature _____

Parent's/Guardian's Signature _____ Date _____
(if athlete is under 18 years of age)