



Medical History Form

Name:			Sport:		
Home phone:	Age:	Sex:	DOB:	Class: Fr So Jr Sr	
Home address: (street, city, state, zip)					

- Please explain yes answers in the space provided
- Give names, dates and procedures for injuries, illnesses and conditions

1. Are you currently under a Doctors care for any illnesses, conditions or diseases?	Yes	No
2. Are you currently on any prescribed medications for any illnesses, conditions or diseases?	Yes	No
3. Have you had any injuries or illnesses in the past year that required medical attention or visit to a doctor?	Yes	No
4. Have you ever had surgery or been hospitalized for any reason?	Yes	No
5. Do you have any allergies to medicines, bee stings, foods or other substances?	Yes	No
6. With exercise, have you passed out, been dizzy, had chest pain, shortness of breath or cough?	Yes	No
7. Have you ever been told you have high blood pressure or a heart murmur?	Yes	No
8. Do you have a history of high blood pressure in your family?	Yes	No
9. Do you tire more quickly than your friends during exercise?	Yes	No
10. Have you ever had unexplained racing of your heart or skipped heartbeats?	Yes	No
11. Has anyone in your family died of heart problems or died suddenly before the age of 50?	Yes	No
12. Have you ever had a serious head injury, been knocked out or had a seizure?	Yes	No
13. Have you ever had a stinger, burner or pinched nerve?	Yes	No
14. Have you ever been dizzy, passed out or had muscle cramps due to the heat or any heat related illnesses?	Yes	No
15. Do you have only one of any paired organs such as eyes, kidneys, testicles, ovaries, lungs?	Yes	No
16. Are you currently taking or have you taken any type of dietary aids to lose weight?	Yes	No
17. Have you taken or are you taking any type of supplement to increase size, weight or strength?	Yes	No
18. What is your desired weight?		
19. Date of your last period? <i>Female athletes only</i>	Longest time between periods in last year? <i>Female athletes only</i>	
20. When was your last tetanus shot?	Measles shot	

I HEREBY STATE THAT MY ANSWERS TO THESE QUESTIONS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of athlete:	Date:
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