

Name: _____

Date: _____

Sport: _____

SEWANEE

THE UNIVERSITY OF THE SOUTH

HEALTH HISTORY FORM

(To be completed by student and parents prior to examination)

	YES	NO	Explain if Yes
1. Has this student ever had:			
a. Hospitalizations?	___	___	_____
b. Surgery?	___	___	_____
c. Chronic illnesses?	___	___	_____
d. Learning disabilities, attention deficit disorders?	___	___	_____
e. Emotional problems? (such as depression, eating disorders)	___	___	_____
f. Problems related to alcohol or drug use?	___	___	_____
g. Missing organs? (i.e. eye, kidney, testicle)	___	___	_____
h. Blood pressure problems?	___	___	_____
i. Heart problems?	___	___	_____
j. Chest pain with exercise?	___	___	_____
k. Dizziness or fainting with exercise?	___	___	_____
l. Concussions?	___	___	_____
m. Head, neck, or spine injury?	___	___	_____
n. Heat exhaustion or heat stroke?	___	___	_____
o. Asthma or exercise-induced asthma?	___	___	_____
2. Does the student:			
a. Take medication everyday?	___	___	_____
b. Wear glasses or contact lenses?	___	___	_____
c. Wear dental appliance or hearing aids?	___	___	_____
d. Have special dietary requirements?	___	___	_____
e. Receive allergy shots?	___	___	_____
f. Wear orthotics? If yes, for what condition?	___	___	_____
g. Require any special services?	___	___	_____
3. Has the student's mother, father, brothers or sisters ever had any heart problems before 50 years of age?	___	___	_____
4. Has any physician ever limited the student's athletic participation?	___	___	_____
5. If female, have periods been absent for more than three consecutive months?	___	___	_____

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HEALTH HISTORY FORM (continued)

6. Is there any history of musculo-skeletal injury?	Yes	No	If yes, please explain
a. Neck injuries? (muscle sprain, ligament strain, whiplash pinched nerve, ruptured disk, fracture, etc)	_____	_____	_____ _____ _____
b. Shoulder injuries? (Strain, tendonitis, bursitis, AC Sprain, separated shoulder, rotator cuff injury, separation, dislocation, etc)	_____	_____	_____ _____ _____
c. Elbow injuries? (UCL sprain, muscle strain, dislocation, tendonitis, etc)	_____	_____	_____ _____ _____
d. Wrist injuries? (Ligament sprain, tendonitis, etc)	_____	_____	_____ _____
e. Hands or fingers? (fractures, dislocations, sprains, etc)	_____	_____	_____ _____
f. Back? (muscle strain, ligament sprain, pinched nerve, slipped disk, ruptured disk, stress fracture, spondylolysis, spondylolthesis, etc)	_____	_____	_____ _____ _____ _____
g. Hip / Groin? (muscle strain, ligament sprain, labrum injury, etc)	_____	_____	_____ _____
h. Knee? (ACL, PCL, MCL, LCL, meniscus or cartilage injury, tendonitis, osgood schlatter's, chondramalacia, subluxation, dislocation, etc)	_____	_____	_____ _____ _____ _____
i. Ankle / shin? (Sprain, strain, tendonitis, fracture, dislocation, etc)	_____	_____	_____ _____
j. Foot or toes? (ligament sprain, morton's neuroma, fracture, etc)	_____	_____	_____ _____
k. Muscle strains? (Hamstrings, quadriceps, calf, back, etc)	_____	_____	_____ _____

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HEALTH HISTORY FORM (continued)

7. Has the student had any of the following:	Yes	No	If yes, please explain
a. Hay fever	_____	_____	_____
b. Asthma	_____	_____	_____
c. High blood pressure	_____	_____	_____
d. Low blood pressure	_____	_____	_____
e. Frequent headaches	_____	_____	_____
f. Migraine headaches	_____	_____	_____
g. Frequent sore throats	_____	_____	_____
h. Hearing problem	_____	_____	_____
i. Heart Trouble	_____	_____	_____
j. Heart Murmur	_____	_____	_____
k. Ulcer	_____	_____	_____
l. Nervous Stomach	_____	_____	_____
m. Appendicitis	_____	_____	_____
n. Frequent Diarrhea	_____	_____	_____
o. Hemorrhoids	_____	_____	_____
p. Hernia	_____	_____	_____
q. Kidney Infection / Kidney Stones	_____	_____	_____
r. Bladder Infection / Bladder Stones	_____	_____	_____
s. Gout	_____	_____	_____
t. Diabetes	_____	_____	_____
u. Epileptic Attacks	_____	_____	_____
v. Pneumonia	_____	_____	_____
w. Frequent skin infections	_____	_____	_____
x. Frequent colds	_____	_____	_____
y. Hepatitis	_____	_____	_____
z. Infectious mono	_____	_____	_____

Being a participant in Intercollegiate Athletics at the University of the South, I authorize the Student Health Center, Emerlad - Hodgson Hospital, or any other medical doctor or medical institution which might render medical treatment to me during this period, to release said records to the team physicians, Athletic Training Staff, Director of Athletics, and all insurance companies involved in covering medical claims.

I further understand that there is a certain amount of risk inherent in participating in intercollegiate athletics, and I have been made aware that I may be at risk to suffer injury as a result of participation, and although rare, this injury may include permanent disability, paralysis, or death.

I have answered all of the above questions completely, truthfully, and to the best of my knowledge.

I also understand that I must carry medical insurance for intercollegiate athletics and this coverage will be primary with the University of the South's policy being secondary only.

SIGNATURE _____

DATE _____

GUARDIAN _____

DATE _____

(sign if under 18)

