

TIGER TENNIS CAMP

The University of the South

Sports Participation Health Record

NAME _____ AGE _____ (YRS) GRADE _____ DATE _____
 ADDRESS _____ PHONE (____) _____
 INSURANCE COMPANY: _____ POLICY# _____

- | | YES | NO |
|---|-------|-------|
| Part A – HEALTH HISTORY: | | |
| 1. Have you ever had an illness that: | | |
| a. required you to stay in the hospital? | _____ | _____ |
| b. lasted longer than a week? | _____ | _____ |
| c. caused you to miss 3 days of practice or a competition? | _____ | _____ |
| d. is related to allergies? | _____ | _____ |
| e. required an operation? | _____ | _____ |
| f. is chronic? (ie. asthma, diabetes, etc) | _____ | _____ |
| 2. Have you ever had an injury that: | | |
| a. required you to go to an emergency room or see a doctor? | _____ | _____ |
| b. required you to stay in the hospital? | _____ | _____ |
| c. required x-rays? | _____ | _____ |
| d. caused you to miss 3 days of practice or a competition? | _____ | _____ |
| e. required an operation? | _____ | _____ |
| 3. Do you take any medication or pills? | _____ | _____ |
| 4. Have any members of your family under age 50 had a heart attack, heart problems, or died unexpectedly? | _____ | _____ |
| 5. Have you ever: | | |
| a. been dizzy or passed out during or after exercise? | _____ | _____ |
| b. been unconscious / had a concussion? | _____ | _____ |
| 6. Are you unable to run 1/2 mile (twice around the track) without stopping? | _____ | _____ |
| 7. Do you: | | |
| a. wear glasses or contacts? | _____ | _____ |
| b. wear dental bridges, plates, braces? | _____ | _____ |
| 8. Have you ever had a heart murmur, high blood pressure, heart abnormality? | _____ | _____ |
| 9. Do you have any allergies to medicine? | _____ | _____ |
| 10. Are you missing a kidney? | _____ | _____ |
| 11. When was your last tetanus booster? | _____ | _____ |

- Part B – INTERIM HEALTH HISTORY
1. In the past year have you missed more than 3 consecutive days of participation in usual activities because of an injury? Yes _____ No _____ .
 If yes, please indicate:
 a. Site of injury _____ .
 b. Type of injury _____ .
-
2. Have you missed more than 5 consecutive days of participation in usual activities because of an illness, or have you had a medical illness diagnosed that has not been resolved in this past year? Yes _____ No _____ .
 If yes, please indicate:
 a. Type of illness _____ .
-
3. Have you had a seizure, concussion or been unconscious for any reason in the last year? Yes _____ No _____ .
4. Have you had surgery or been hospitalized in this past year? Yes _____ No _____ .
 If yes, please indicate:
 a. Reason for hospitalization _____ .
 b. Type of surgery _____ .
-
5. List all medications you are presently taking and what condition the medication is for:
 a. _____
 b. _____
 c. _____
 d. _____
 e. _____
-
6. Are you worried about any problem or condition at this time? Yes _____ No _____ .
 If yes, please explain:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete _____ Date _____

Signature of parent _____ Date _____

Part C – Physical Examination Record

NAME _____ DATE _____ AGE _____ BIRTHDATE _____

Height _____ Vision: R _____ / _____ Corrected _____ Uncorrected _____
 Weight _____ L _____ / _____ Corrected _____ Uncorrected _____
 Pulse _____ Blood Pressure _____

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest and Lungs			
7. Abdomen			
8. Skin			
9. Genitalia – Hernia (male)			
10. Musculoskeletal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			
12. Physical Maturity (Tanner Stage)			

Comments re: Abnormal Findings: _____

Participation Recommendations:

- 1. No participation in: _____
- 2. Limited participation in: _____
- 3. Requires: _____
- 4. Full participation in: _____

Physician Signature _____

Telephone Number _____ Address: _____