HSU Athletic Training Education
Athletic Training Student Medical HistoryForm
Please print and answer all questions completely and accurately

LAST NAME FIRST MIDDLE SEX

PERMANENT ADDRESS (number & street) CITY/STATE ZIP CODE

DATE OF BIRTH

NAME OF PARENT OR GUARDIAN AREA CODE/TELEPHONE NUMBER (Home and/or cell)

ADDRESS (number & street) CITY/STATE ZIP CODE

EMAIL ADDRESS CELL PHONE NUMBER

QUESTION	YES	NO
Have you ever sustained an injury or illness concerning any of the following organs? **If yes, circle the letter to indicate which organ, extent of injury/illness, date, hospitalization (if any), time loss, and restrictions (if any)**. a. Brain f. Lungs k. Intestines b. Eyes g. Stomach l. Kidneys c. Ears h. Liver m. Ovaries/Uterus (females) d. Nose i. Spleen n. Testicles (males) e. Heart j. Bladder		
Have you ever had an electrocardiogram (EKG/ECG), echocardiogram, or seen a cardiologist? **If yes, give reason, date, location, doctor's name/address**.		
Has anyone in your family suffered sudden death while exercising or from exertion, or died suddenly of heart problems before the age of 50? **Describe any yes answers <u>in detail</u>**		
Have you ever sustained a head injury involving: a. Loss of memory g. Blurry vision b. Disorientation h. Double vision c. Dizziness i. Tunnel vision d. Mental confusion j. Loss of vision e. Headaches k. Skull fracture f. Unconsciousness -- howlong?_____ **If yes, indicate activity at time of injury, frequency and dates of injury.**		
Have you ever suffered an injury to any of the following body areas which caused you to miss school, work, athletics or PE for more than 3 days? **Describe any yes answers <u>in detail</u>**. a. Shoulder f. Neck/Spine/Lower back b. Upper arm g. Hip/Thigh c. Elbow h. Knee d. Forearm i. Lower leg e. Wrist/Hand/Fingers j. Ankle/Foot/Toes		
Have you ever had any surgery? **If yes, please describe in detail**.		

Have you ever been a patient in a hospital. **If yes, please describe in detail**.		
Have you ever had loss of consciousness **not** associated with a head injury? **If yes, describe circumstances**.		
Have you ever had a heat illness (heat stroke, heat exhaustion, severe cramps)? **If yes, give sport, date(s) and frequency of occurrence**.		
Do you have or have you ever had any of the following conditions? **If yes, please describe in detail.** a. Measles b. Mumps c. Rubella [German measles] d. Asthma/Exercise-induced asthma e. Scarlet fever f. Rheumatic fever g. Infectious mononucleosis h. Hepatitis i. Diabetes j. Chest pain/pressure k. Shortness of breath/difficulty breathing l. Heart murmur m. High blood pressure/hypertension n. Sickle-cell disease/trait o. Epilepsy/Seizures p. Fainting/"passing out"		
Are you currently taking any prescription or over-the-counter medications on a daily or regular basis? **If yes, please describe in detail**		
Are you allergic to any medications, or have any severe insect, food or other allergies? **If yes, please describe in detail**		
Have you had any illness or injury other than those you have already listed? **If yes, describe**.		

PERSONAL INSURANCE INFORMATION (attach card copy):

Policy Holder:_____ Relation to athlete:_____

Policy Holder's Employer:_____

Policy Number:_____ Group Number:_____

Insurance Company:_____

Address:_____

_____
CITY/STATE ZIP CODE

Does this insurance coverage require authorization from a designated physician?___YES___NO
(If yes, please provide details, including name/address of physician, etc.)
Other pertinent insurance information:

I certify that the medical history information I have provided is complete and accurate to the best of my knowledge. I understand the information given may be relied on to determine my fitness and ability to participate in the athletic training education program. I understand that failure to advise HSU of any medical history may result in a waiver of any claims I might have against HSU for my voluntary participation in the athletic training education program.

_____
Athletic Training Student Date

Reviewed by: _____
Director of Athletic Training Education Date

Rev. 6/2006