

SSU ATHLETIC PRE-PARTICIPATION MEDICAL HISTORY

Athletic Preparticipation Examination For (sport): _____ Age _____

Name _____ Birthdate / / _____ SS# _____

Current or Address @ SSU _____ Phone () _____

Street or Dorm City State Zip

Permanent Address _____ Phone () _____

Street City State Zip

INSTRUCTIONS: Student athlete must fill out this **Medical History** completely and sign it. It must be reviewed and signed off by the examining physician. **Failure to do so may invalidate athletic insurance coverage and/or interfere with your eligibility to participate in intercollegiate athletics.**

Do you now have or have you ever had any of the following?	Yes	No	Additional Information
Allergy to medications, bee stings, Foods: please list:			
Anemia or bleeding problem?			
Asthma, or severe hayfever?			
Excessive shortness of breath or wheezing with exercise?			
Intense chest pain/pressure with exercise or exertion?			
Dizziness or fainting with exercise or exertion?			
Heart trouble/heart murmur/irregular heartbeat/abnormal EKG?			
High blood pressure/ enlarged heart?			
Heat stroke, heat exhaustion, or other heat related illness?			
Chronic or recurrent illness such as diabetes, epilepsy, sickle cell etc.?			
Other significant illness or exposures (hepatitis, tuberculosis, etc.)?			
Loss of consciousness, loss of memory, or convulsions?			
Weakness, passing out, or severe headaches?			
Head injury, concussion, or skull fracture?			
Surgery or been advised to have an operation?			
Hospitalization(s)? List reason:			
Bone, joint, or muscle injuries or problems (includes dislocations, separations, sprains, broken bones, etc)?			
Neck injury, back injury, or back problems or surgery?			
Hip, knee, ankle, shoulder, wrist, elbow, problems or surgery?			
Hernia or kidney problem?			
Eye, ear, or significant dental problems or injuries?			
Menstrual irregularities? List date of last period:			
Skin problems, including recurrent rashes, infection, etc.?			
Any other important illness, injury, or medical condition?			
Do you: Wear glasses, contact lenses, dental bridges, etc.?			
Have full function of and presence of all paired organs, (i.e., eye, kidney, testicle, ovary, lung)?			
Take medication on a regular basis? Please list:			
Has any blood relative:			
Died suddenly or had a heart attack at less than age 50?			
Been diagnosed with Marfan syndrome?			
Has your athletic playing status ever been interrupted or limited because of illness or injury?			
Do you know of any medical reason that might limit your participation in sports?			
Immunization Verification:			NOTE: attach copies of documentation of required immunizations.
Date of last Tetanus _____ (verified by physician)			
Date of most recent Measles/Rubella _____			
Date of Hepatitis B series (required if under 19) 1 / 2 / 3 _____			

I certify that the above information is correct, and authorize the transfer of medical information to the SSU Athletic Trainer, team physician, and SSU Student Health Center:

*Athlete's signature: _____

Date: / /

*Reviewed by physician _____

Date: / /

Signature and license number