Appendix 6

MEDICAL HISTORY QUESTIONARE

PLAYER INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: _____/_____/_____ Age: _____ Sex: _____Phone:(_____) _____

Emergency Contact: _____ Relationship: _____ Phone:(____)_____

PLEASE CIRCLE NO OR YES AND LIST DETAILS AS REQUESTED. ALL INFORMATION WILL REMAIN CONFIDENTIAL AND APPLIED ONLY TO EMERGENCY CARE SITUATIONS.

NO/YES Do you have any allergies? (Foods, medications, etc.) Please list: _____
_____

NO/YES Do you regularly take any over the counter and/or prescription medication? Please list and provide reasons: _____

NO/YES Have you ever been told that you have (had) asthma or exercise induced asthma? List medications: _____

Have you ever been diagnosed with any major diseases or conditions? (diabetes, epilepsy, heart disease, etc.) List: _____

NO/YES Do you have or have you ever had a hernia or rupture? List dates if repaired: _____

NO/YES Have you ever been knocked out or had a concussion or other closed head injury? List dates: _____

NO/YES Have you ever injured the bones, ligaments, nerves, or discs of your neck and back that disabled you for a week or longer? List injury/dates:_____

NO/YES Have you ever had a broken bone or fracture? **Right or Left** List bones/dates: _____

NO/YES Have you ever had a shoulder/elbow or wrist injury that disabled you for a week or longer? R or L List injury/dates: _____

NO/YES Have you ever injured the ligaments in your knee? **Right or Left** List injury/dates: _____

NO/YES Have you ever had an ankle injury that disabled you for a week or longer? (dislocation, sprain, separation, etc.) **Right or Left** List injury/dates: _____

NO/YES Do you presently have a rod, pin, screw, or plate anywhere in your body? Where: _____ List injury/dates: _____

NO/YES Do you wear contact lenses or removable dental appliances while participating in your sport? List items: _____

NO/YES Have you experienced any major surgery? List: _____

NO/YES Are you current on all immunizations? List special considerations: _____

NO/YES Do you have any other conditions you wish to make us aware? Please specify and give details:
_____
_____

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. SIGNING THIS DOCUMENT RELEASES ALL INFORMATION TO ASSIT IN THE APPLICATION OF NECESSARY EMERGENCY CARE.

_____	_____	_____
PLAYER NAME	**SIGNATURE**	**DATE**
_____	_____	_____
PARENT/LEGALGUARDIAN NAME	**SIGNATURE**	**DATE**