



## Andrew College Medical History Form

School Year \_\_\_\_\_

Sport \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Student ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sex: M or F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Person to Contact in Case of Emergency:

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Please explain in detail any questions that you answer "YES"**

- |  |     |    |
|--|-----|----|
| 1. Have you ever been hospitalized (year and reason) _____   | YES | NO |
| 2. Have you ever had surgery (year and reason) _____   | YES | NO |
| 3. Are you currently taking any medications or pills (birth control, allergy, Tylenol, Advil, etc) _____ | YES | NO |
| 4. Have you ever passed out during or after exercise _____   | YES | NO |
| 5. Do you have any known allergies (medicine, food, bugs) _____  | YES | NO |
| 6. Have you ever had mononucleosis (mono)? _____   | YES | NO |
| 7. Have you ever been dizzy during or after exercise _____   | YES | NO |
| 8. Have you ever had chest pains during or after exercise _____  | YES | NO |
| 9. Have you ever been told you have a heart murmur _____   | YES | NO |
| 10. Have you ever had a racing heart or skipped heartbeats _____   | YES | NO |
| 11. Has anyone in your family died of heart problems or sudden death before age 50 _____                 | YES | NO |
| 12. Have you or anyone in your family had high blood pressure _____                                      | YES | NO |
| 13. Have you ever been screened for sickle cell anemia or the trait _____                                | YES | NO |
| 14. Have you ever been diagnosed with sickle cell anemia or the trait _____                              | YES | NO |
| 15. Do you have trouble breathing during or after activity _____   | YES | NO |
| 16. Have you ever been told or do you currently suffer from asthma _____                                 | YES | NO |
| 17. Have you ever been told or do you currently suffer from diabetes _____                               | YES | NO |
| 18. Have you ever had a seizure _____  | YES | NO |
| 19. Have you ever had a head injury _____  | YES | NO |
| 20. Have you ever had a concussion? _____  | YES | NO |
| 21. Have you ever been knocked out or unconscious _____  | YES | NO |
| 22. Have you ever been dizzy or passed out in the heat _____   | YES | NO |
| 23. Have you ever had heat or muscle cramps _____  | YES | NO |
| 24. Have you ever had a stinger, burner or pinched nerve _____   | YES | NO |
| 25. Do you have any skin problems (itching, rashes, acne) _____  | YES | NO |

26. Do you wear contacts or glasses (when was last exam) \_\_\_\_\_ YES NO  
27. Do you have any problems with your eyes or vision \_\_\_\_\_ YES NO

28. Have you ever sprained, strained, dislocated, fractured (broken) or had any repeated swelling or other injuries on any bones or joints? Please check the body part below and then explain including the year of injury. Explain these lines to specify the injuries you check including the year:

___ Head or Face	___ Neck	___ Shoulder	___ Foot	___ Back
___ Hand/Wrist	___ Elbow	___ Forearm	___ Hip	___ Ankle
___ Chest/Ribs	___ Thigh	___ Knee	___ Shin/Calf	

29. Have you ever had other medical problems such as mono, hernias, cancer, etc  
\_\_\_\_\_

30. Have you had a medical problem or injury since your last physical examination  
\_\_\_\_\_

31. When was your last tetanus shot? \_\_\_\_\_

32. When was your last measles immunization? \_\_\_\_\_

33. Have you ever had chicken pox? \_\_\_\_\_

34. Are you currently taking any supplements, if so what?  
\_\_\_\_\_

35. Have you ever worn a special brace or had modifications made to your equipment?  
\_\_\_\_\_

I, \_\_\_\_\_, do give my consent for the team physicians, athletic trainers, or other medical personnel of Andrew College to release such information regarding my medical history, record of injury or surgery, record of serious illness, and rehabilitation results as may be requested by 1) the scout or representative of any professional or amateur athletic organization seeking such information, 2) insurance companies, or 3) for any other medical services that the Head Athletic Trainer deems necessary.

I understand that a record will be kept of all individuals requesting such information and the date of the request. This information normally is confidential and except as provided in this release, will not be otherwise released by the parties in charge of the information. This release remains valid until revoked by me in writing.

**Athlete's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature (required if under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby certify that all information given on this form is truthful and accurate to the best of my knowledge. I understand that completion of this form is not a substitute for a regular physical examination by a doctor.

**Athlete's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature (required if under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_