



Andrew College Follow-Up Medical History Form

School Year _____ Sport _____

Name _____ Student ID #: _____
Last First Middle

Sex: M or F Age: _____ Date of Birth: _____ Cell phone: _____

Person to Contact in Case of Emergency:

- Name: _____ Home Phone: _____
Home Address: _____ Cell Phone: _____
Relationship: _____
- Name: _____ Home Phone: _____
Home Address: _____ Cell Phone: _____
Relationship: _____

Please list any injuries/illnesses/surgeries which have occurred to the following body part(s) since your last participating season at Andrew College:

Foot: _____ Date: _____
 Ankle: _____ Date: _____
 Shin/Lower Leg: _____ Date: _____
 Knee: _____ Date: _____
 Hip: _____ Date: _____
 Back: _____ Date: _____
 Neck: _____ Date: _____
 Head/Face: _____ Date: _____
 Shoulder: _____ Date: _____
 Elbow/Forearm: _____ Date: _____
 Wrist/Hand: _____ Date: _____
 Fingers: _____ Date: _____

Please explain the injury suffered below:

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** _____