

Yes No

Have you had or do you now have:

- Very bad vision in one eye?
- Temporary loss of vision?
- To wear glasses or contact lens?

Have you had or do you now have:

- Hearing loss?
- Perforated ear drum?
- Recurrent infections?
- Sinus infections?
- Broken nose?
- Dental plate?
- Orthodontia?

Have you had or do you now have:

- Hernia?
- Kidney problems?
- (Boys) Loss of function or absence of testicles?
- (Girls) Menstrual problems?
- (Girls) Age of onset of menstruation?

Have you had or do you now have:

- Bone fracture?
- Joint dislocation?
- Foot problem?
- Pins, staples, or wires in any part of your body?

Have you had or do you now have:

- Back injury or frequent headaches?
- Knee injury (sprain) or recurrent pain?
- Ankle injury (sprain) or recurrent pain?
- Other joint trouble?
- Bone infection?

Have you had or do you now have:

- Diabetes (high sugar in blood or urine)?
- Tendency to bleed or bruise easily?
- Anemia ("tired blood")?
- Weight problem (under or over weight)?

Have you had or do you now have:

- Asthma?
- Hay fever?
- Hives or rash?
- Bee sting reactions (allergy)?
- Reaction to medication (allergy)?

Do you:

- Smoke?
- Take any medication regularly?
- If yes, name: _____

Have you had or do you now have:

- Heart trouble or murmur?
- High blood pressure?
- Persistent cough?
- Chest pain with exercise?

Yes No

_____ Dizziness or faintness with exercise?

Have you had or do you now have:

_____ Recurrent rash?

_____ Fungus infection?

_____ Athlete's foot?

_____ Recurrent boils (skin infection)?

_____ Do you wish to discuss an emotional problem with the doctor?

_____ Have you ever been told to give up sports/activities because of a health problem?

Personal Medication Notification

For my own protection, I the student/athlete will inform the coach and/or medical doctors if I am taking any medication or using any ointment, liniments, balms or have a metal implant in my body BEFORE receiving therapy or treatment of any kind in the training room.

Any combination of the above and deep-heat therapy could cause serious complications.

We, parent(s), guardian(s), and student/athletes have answered the medical history to the best of our knowledge and understand the preceding statement regarding medication notification.

Parent/Guardian

Date

Student/Athlete

Date