

INTERIM MEDICAL HISTORY

1. Have you had any serious illness, disease, injury, operation, mental illness, infection, accident, or any other significant medical condition during the past year (12 months)? If yes, please explain	YES	NO
2. Did this medical condition or any other medical condition require surgery? If yes, please explain, including date and location.	YES	NO
3. Have you been hospitalized or examined by a physician other than the team physician for any type of medical condition during the past year (12 months)? If yes, for what reason?	YES	NO
4. Have you been out of the United States within the last three (3) months? If yes, give an explanation.	YES	NO
5. Have you had a concussion during the past year (12 months) that was not evaluated by our team physician? If yes, give an explanation, including dates and location.	YES	NO
6. Have you had any immediate relative die suddenly in the past year (12 months)? If so, what was the cause of death?	YES	NO
7. During the past year (twelve months) have you had any type of problem with tolerance to exercise? If yes, please give a brief explanation.	YES	NO

8. Complete the chart below and give details to the right if you have sustained injuries during the last twelve (12) months.						
HEAD	YES	NO				
NECK	YES	NO	R	L		
SHOULDER	YES	NO	R	L		
ARM	YES	NO	R	L		
ELBOW	YES	NO	R	L		
FOREARM	YES	NO	R	L		
WRIST	YES	NO	R	L		
HAND	YES	NO	R	L		
FINGERS	YES	NO	R	L		
CHEST	YES	NO	R	L		
SPINE	YES	NO	R	L		
ABDOMEN	YES	NO				
PELVIS	YES	NO	R	L		
HIP	YES	NO	R	L		
THIGH	YES	NO	R	L		
KNEE	YES	NO	R	L		
LEG	YES	NO	R	L		
ANKLE	YES	NO	R	L		
FOOT	YES	NO	R	L		
TOES	YES	NO	R	L		

If you have any additional conditions, problems, or comments that have not been addressed thoroughly in the above questionnaire, please use the space below to inform us so that we may be able to better serve you with our best medical care.

All statements and answers in the above medical history questionnaire are true and complete to the best of my knowledge. I have no abnormality, limitation, or restriction not mentioned in this record. I understand that this information is to help determine my fitness to participate in athletics, and to aid in the treatment and diagnosis of future injuries/illnesses that I may incur.

DATE _____ PRINTED NAME OF ATHLETE _____
(First) (Middle) (Last)

SIGNATURE OF ATHLETE _____