

DATE: _____

SPORT: _____

Marietta College Sports Medicine Athlete History Form

NAME (printed) _____ CLASS STATUS---- FR SO JR SR

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

DOB: _____ SS# _____ SEX: M F

EMERGENCY CONTACT/PARENT/GUARDIAN _____ PHONE _____

The National Collegiate Athletic Association’s policies recommend that all student athletes have qualifying medical evaluations upon their initial entrance to an institution’s intercollegiate athletic program. Marietta College supports and adheres to this NCAA policy. Further medical evaluations may be required in specific cases.

Drugs (More than occasional use)

Birth control pills	YES	NO
Alcohol use	YES	NO
Tobacco use	YES	NO
Sedatives	YES	NO
Appetite suppressants	YES	NO
Hormones	YES	NO
Street Drugs	YES	NO
Antidepressants	YES	NO
Analgesics (ibuprofen, tylenol)	YES	NO

Medications

Are you currently taking any physician prescribed medications? YES NO

If so, what medications? _____

Prior Immunizations

Tetanus	Date	_____
Polio	Date	_____
Smallpox	Date	_____
MMR	Date	_____

Please provide dates of vaccines or attach copy of immunization record.

Known Allergies

Penicillin	YES	NO
Sulfa Drugs	YES	NO
Bees or Insects	YES	NO

Any known food allergy _____

Any other known allergies _____

What is the reaction to the identified allergens? _____

Do you carry any anaphylactic medication?

Have you ever...

Been knocked out or unconscious	YES	NO
Had a concussion	YES	NO
If yes, how many _____		
Had a seizure	YES	NO
Been dizzy or passed out	YES	NO
Had frequent headaches	YES	NO
Had migraine headaches	YES	NO

Have you ever.....

Had a neck injury	YES	NO
Had a burner or stinger	YES	NO
Had a spinal injury	YES	NO
Had chronic back pain	YES	NO
Had chest pain with exercise	YES	NO
Had heart palpitations (flutters)	YES	NO
Had difficulty breathing	YES	NO
Had mononucleosis	YES	NO
Had a stomach ulcer	YES	NO
Had other GI problems	YES	NO
Had a hernia	YES	NO
Had a kidney or bladder infection	YES	NO
Had pneumonia	YES	NO
Had heat cramps/heat exhaustion	YES	NO
Had a mental illness	YES	NO
Had psychological counseling	YES	NO
Been depressed	YES	NO
Had an eating disorder	YES	NO
Had an eye injury	YES	NO
Had a dental injury	YES	NO
Had any skin problems	YES	NO

(ie; rashes, itching, severe acne, eczema)
Been advised to have a surgery you did not have?
If yes, please explain _____

Current Personal Medical History and Family History

Have you or anyone in your immediate family had any of the following conditions? If yes, please explain on the lines provided.

	YOU	FAMILY
Cancer	YES NO	YES NO
Heart Disease	YES NO	YES NO
Heart Murmurs	YES NO	YES NO
Stroke	YES NO	YES NO
High Blood Pressure	YES NO	YES NO
Sickle Cell Disease	YES NO	YES NO
Diabetes	YES NO	YES NO
Epilepsy	YES NO	YES NO
Asthma	YES NO	YES NO

NAME: _____

Orthopedic and Injury History

For any body area listed below, please describe any significant injury to the area (sprains, strains, fractures, dislocations, surgeries, etc.) Please make special note of any incompletely healed injury.

Body Area	Description of Injury	Year of Injury
Head and Neck	_____	_____
Spine (Back)	_____	_____
Shoulder	_____	_____
Chest/Abdomen	_____	_____
Elbow/Wrist/Hand	_____	_____
Hip and Pelvis	_____	_____
Knee	_____	_____
Ankle and Foot	_____	_____

Females Only

Have you ever had menstrual irregularities	YES NO
Do you suffer from severe menstrual cramping	YES NO
Have you ever lost your menstrual cycle	YES NO
Are you pregnant	YES NO

Consent for Medical Treatment

I do _____, do not _____ give Marietta College medical staff the right to obtain medical history, perform pre-participation physical exams, and treat any injuries I may obtain while participating in a college sport. I understand that the athletic training staff will perform only those procedures that are within their training, credentialing, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries. If further measures are needed they will refer me to the specialist that is appropriate.

Authorization to Release Information

I do _____, do not _____ give consent for the Marietta College medical staff to release information to the coaching staff, emergency personnel, and other medical professionals as appropriate for the purpose of communicating the nature and status of injury sustained and treatment. I understand that I will allow the medical staff to make the best decision regarding return to play. I understand the College will not release my record to third parties without my consent, unless such release is required or permitted under this agreement or applicable law. This release remains valid until revoked by me in writing.

_____ Signature of Athlete	_____ Date	_____ Signature of Witness	_____ Date
_____ Signature of Parent/Guardian (if minor)	_____ Date		