

McKENDREE UNIVERSITY MEDICAL HISTORY QUESTIONNAIRE

Medical and Injury Information

Instructions: Be as thorough as possible in answering each question. If reply is yes, please explain.

General

Yes No *Have you ever been told you have sickle cell trait or sickle cell anemia?*

Yes No *Do you regularly take any medications?*

If yes, list:

Yes No *Do you have allergies to medications, insect bites/bees, or environmental (ex. hay fever)*

If yes, explain:

Yes No *Do you have any significant medical illness or problems?*

If yes, explain:

Yes No *Have you had any surgeries?*

If yes, explain:

Yes No *Have you ever been told you had diabetes?*

If yes, do you use insulin, pills, or diet to control your sugar?

Yes No *Have you ever "passed out" or experienced dizziness with exercise?*

If yes, explain:

Yes No *Have you ever had a seizure or been told you have epilepsy?*

If yes, explain:

Yes No *Do you have any bleeding problems or hemophilia?*

Yes No *Do you have a history of abnormal menstrual cycles or bleeding?*

Yes No *Have you had a tetanus shot within:*

5 years _____ 10 years _____ Unknown _____

Yes No *Have you ever been told you had a hernia or had one surgically repaired?*

Head and Neck

Yes No *Have you ever had a concussion, loss of consciousness, or been "knocked out"?*
If yes, explain:

How many times?

Last episode:

Were you hospitalized?

Yes No *Have you ever had a burner, stinger, or numbness?*
If yes, explain:

How many times?

Last episode:

Were you hospitalized?

Yes No *Have you received any medical care for any additional head or neck injuries?*
If yes, explain:

Eyes and Dental

Yes No *Do you wear glasses?*
If yes, do you wear for athletic participation?

Yes No *Do you wear contacts?*
If yes, do you wear for athletic participation?

Yes No *Have you ever experienced blindness, blurred eyes, or double vision?*

Yes No *Have you ever been told your eyes have unequal pupils?*

Yes No *Do you have a history of chipped or lost teeth?*
If yes, explain:

Yes No *Do you have bridges or other dental appliances?*
If yes, explain:

Heart

Yes No *Do you have high blood pressure?*

Yes No *Do you have a heart murmur?*
If yes, explain:

Yes No *Do you have an irregular heart beat or “palpitations”?*

If yes, explain:

Yes No *Have you ever experienced chest pain with or without exercise?*

If yes, explain:

Lungs

Yes No *Do you have asthma?*

Yes No *Do you experience trouble breathing or wheezing?*

If yes to either of the above, explain:

Is it exercise related? Yes _____ No _____

Do you use an inhaler Yes _____ No _____

If so, what type:

Musculoskeletal

Yes No *Are you prone to low back aches or strains?*

If yes, explain:

Yes No *Have you ever received medical care for back problems?*

If yes, explain:

Yes No *Are you prone to developing muscle cramps or strains?*

If yes, explain:

Yes No *Have you ever had problems with a wrist or hand injuries?*

If yes, explain:

Yes No *Have you ever had problems with a shoulder or elbow injuries?*

If yes, explain:

Yes No *Have you ever had problems with hip injuries?*

If yes, explain:

Yes No *Have you ever had problems with knee injuries?*

If yes, explain:

Yes No *Have you ever experienced knee pain when competing?*

Yes No *Have you ever injured your knee ligaments or cartilage?*

If yes, explain:

Yes No *Have you ever experienced stress fractures or shin splints?*

Yes No *Have you ever had problems with repeated ankle sprains?*

If yes, explain:

Yes No *Have you ever had problems with your feet?*

If yes, explain:

Yes No *Have you had any injuries that required surgery?*

If yes, explain:

Yes No *Have you been treated for a fracture within the last 2 years?*

If yes, explain:

To the best of my knowledge, all the above questions have been answered completely and truthfully. I also give authorization to the athletic training staff and /or medical consultants to evaluate and treat any injuries that occur during my participation in athletics at McKendree University. I understand the athletic trainer has the authority to eliminate me from participation because of an injury and/or because of undue risk to McKendree University.

I also understand that I am responsible for reporting any injury or illness to McKendree University's medical staff, including signs and symptoms of a concussion.

I grant the authorization for the release of medical and insurance information from the McKendree University athletic training/health service staff and any medical care provider, medical care facility, insurer, government-sponsored health plan, or employer to the university's secondary insurance. This applies to all information necessary to determine the eligibility of any claim that I may ensue while at McKendree University due to any injuries that may have or may occur.

Athlete's Signature

Date

(If student is under 18yrs) Parent or Guardian's Signature

Date