

<p>Christian Brothers University Athletic Dept Follow-up Medical Questionnaire (Pink Form)</p>

Demographics:

Name: _____ Sport: _____ Pos: _____
 Date: _____ Age: _____ Birth Date: ___/___/___ Cell # _____
 Local Address: _____ City: _____ State: _____ Zip: _____
 Local Telephone Number: _____ Year Of Eligibility (Circle one): Fr So Jr Sr

Personal History:

The following questions are in reference to injuries/illnesses within the **past year or since your last physical examination**. Circle the appropriate answer.

- | | | |
|--|-----|----|
| 1. Have you sustained an injury requiring surgery, x-rays, hospitalization or examination by a physician? | Yes | No |
| 2. Are you currently under the care of a physician? | Yes | No |
| 3. Do you have diabetes? | Yes | No |
| 4. Do you have a heart murmur or heart condition? | Yes | No |
| 5. Do you wear glasses or contacts ? (Circle appropriate answer) | Yes | No |
| 6. Are you currently taking medications, vitamins, supplements or herbs?
List: _____
_____ | Yes | No |
| 7. Have you sustained a head injury / concussion within the past year?
Explain: _____ | Yes | No |
| 8. Have you experienced a seizure within the past year?
Explain: _____
_____ | Yes | No |
| 9. Have you experienced an asthma attack within the past year?
Explain: _____
_____ | Yes | No |
| 10. Have you sustained an injury over the summer?
Explain: _____
_____ | Yes | No |
| 11. Does the CBU sports medicine staff need notification of any other health related issues or injuries that may bother you during athletics?
Explain: _____
_____ | Yes | No |

Height: _____ Weight: _____ BP: _____ Pulse: _____

(Name print)

(Signature)

(Date)