

Christian Brothers University  
Athletic Department (Green form)

Date \_\_\_\_\_

MEDICAL HISTORY

Athlete's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First

Present Address \_\_\_\_\_  
Street & number city state zip

Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Parents Name \_\_\_\_\_ Parents phone \_\_\_\_\_

Parents Address \_\_\_\_\_  
Street & number city state zip

In Emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

**PREVIOUS MEDICAL PROBLEMS**

Have you had or do you have now? If yes, explain on blank line next to problem area if needed.

YES NO

\_\_\_\_ Are you allergic to penicillin?  
\_\_\_\_ Are you allergic to bee stings?  
\_\_\_\_ Any other allergies? \_\_\_\_\_  
\_\_\_\_ Are you taking any other medications, vitamins or supplements on a regular basis?  
\_\_\_\_\_

\_\_\_\_ Do you have asthma?  
\_\_\_\_ If you have asthma, do you take medication or use an inhaler?  
\_\_\_\_\_

\_\_\_\_ Have you ever had a concussion, knocked out, fainted, unconscious or been "dinged"?  
\_\_\_\_ If you have had any of the above, please list when and how long you were knocked out?  
\_\_\_\_\_

\_\_\_\_ Have you ever had heat related problems? If so, explain below.  
\_\_\_\_\_

\_\_\_\_ Do you have a heart murmur?  
\_\_\_\_ Do you have any type of heart disease? \_\_\_\_\_  
\_\_\_\_ Has anyone under 50 years of age in your family died of heart problems or sudden unexplained causes?  
\_\_\_\_\_

\_\_\_\_ Have you had a tetanus shot? What year? \_\_\_\_\_

\_\_\_\_ Have you seen a dentist recently? \_\_\_\_\_

\_\_\_\_ Have you ever had problems with your ears (hearing), kidneys(urine), testicles, hernias?  
\_\_\_\_\_

\_\_\_\_ Do you wear contact lenses?  
\_\_\_\_\_

\_\_\_\_ Have you had any other major medical illnesses (seizures, anemia, diabetes, arthritis, thyroid disease, bleeding disorders, hepatitis, mononucleosis, hypertension, pneumonia)  
\_\_\_\_\_

\_\_\_\_ Have you been sick recently (last two weeks) \_\_\_\_\_

\_\_\_\_ Have you ever had an overnight hospitalization?  
\_\_\_\_\_

\_\_\_\_ Year hospital reason for stay length of stay

\_\_\_\_ Have you ever had a surgery?  
\_\_\_\_\_

\_\_\_\_ For what? Year of surgery

\_\_\_\_ Have you ever broken a bone?  
\_\_\_\_\_

\_\_\_\_ What area? Year

\_\_\_\_ Have you ever had any of the following? Shin splints, chondromalacia, jumpers knee, Osgood Schlatter's disease, Little league elbow or shoulder, stress fracture? If so, circle.

\_\_\_\_ Have you ever had any OTHER injuries that caused you to miss a game or practice?  
\_\_\_\_\_