Athletic Questionnaire

1. Have you ever had any fractures, dislocations, severe sprains, or serious injuries?  □ No  □ Yes(explain)

2. Have you ever been hospitalized?  □ No  □ Yes(explain)

3. Have you ever had surgery?  □ No  □ Yes(explain)

4. Do you have any allergies?  □ No  □ Yes(list)

5. Do you take any medications now?  □ No  □ Yes(list)

6. Have you ever been refused permission to participate in athletics?  □ No  □ Yes(explain)

7. Do you wear glasses or contact lenses?  □ No  □ Yes

8. Have you ever had a concussion?  □ No  □ Yes

9. Has there ever been a sudden death in your family?  □ No  □ Yes(explain)

10. Have you ever passed out or lost consciousness during physical activity?  □ No  □ Yes

11. Do you currently or plan to use over the counter diet/nutritional supplements(i.e.: ephedra, creatine, etc?)  □ No  □ Yes(list)

12. Do you have heart disease, diabetes, asthma, angina, or a neurologic condition?  □ No  □ Yes(explain)

13. Have you ever been told you have a heart murmur?  □ No  □ Yes

I certify that the information provided is true, to the best of my knowledge. I understand that falsifying medical information can be grounds for dismissal from athletics, and possibly from the College, as well.

Student Signature ____________________________ Date ____________________________