



Health History Questionnaire

(All information on this form is kept confidential within the guidelines of HIPAA and FERPA)

Athlete Birth Name: _____ Nickname: _____

School: _____ Date of Birth: _____ Age: _____

Sport(s): _____ Grade: FR SO JR SR (not required for MS)

Parent or Legal Representative Name(s): _____

Parent or Legal Representative Phone: _____ Work Phone: _____

Emergency Contact Name & Phone: _____

Please answer all questions below. Attach an additional piece of paper or any information that may medically be important.

Please **circle** if you have or have had any of the following conditions:

- | | | | | | |
|-------------------|--------------|------------------|--------------------|---------------------|----------|
| Diabetes | Heart Murmur | General Surgery | Dizziness/Fainting | Eyeglasses/Contacts | Epilepsy |
| Asthma | Concussion | Hearing Loss | Frequent Headaches | High Blood Pressure | COVID-19 |
| Irregular Periods | ADHD/ADD | Heat Intolerance | Orthopedic Surgery | Depression | Anxiety |

Have you been advised by a medical doctor NOT to participate in sports? If yes, list date and physician information. Please specify reasoning.

Any notes or dates regarding conditions above. Please consider any special considerations that may be required and/or medical treatment:

Medications: _____

Allergies (include environmental, food, and drug): _____

Orthopedic Injury History:

Any history of orthopedic surgery? If yes, explain: _____

Has your athlete sustained any broken bones? If yes, explain: _____

This document is not valid unless the signature page is completed. Please see reverse side or attached document to complete the form.

Updated 07/2020



Please circle any extremity that has been injured in the past (sprains, strains, avulsions, etc). **Do not include lacerations or cuts.**
Please make specific notes for injuries that have happened within the last year (two years for incoming freshman).

Head/Face Neck/Spine Shoulder/Elbow/Forearm/Hand Chest/Abdomen Back/Lumbar Spine
Thigh/Hip Knee/Lower Leg Ankle/Foot

Please explain above injuries (include the year and diagnosis): _____

COVID-19 Questions

Has this athlete been diagnosed with Coronavirus (COVID-19)? YES NO
Was the athlete symptomatic? YES NO
Was the athlete hospitalized? YES NO
Date of diagnosis _____

Has anyone in the athlete's immediate household been diagnosed with Coronavirus (COVID-19)? YES NO
If yes, date of diagnosis _____

Within the last two weeks, has the student-athlete traveled domestically or internationally to a region labeled as "severe risk"? YES NO

In the last two weeks, has the athlete been advised by a medical professional or the local public health official to quarantine? YES NO

By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I understand I must notify my Vernon Memorial Healthcare athletic trainer if changes in my health occur.

PRINTED Legal Student Name: _____

Student Signature: _____ Date: _____

Parent/Legal Representative Signature: _____ Date: _____