



Club Sports Medical/Contact Information

Student Information

Name: _____ Sex: ____ Age: _____ DOB: ____/____/____
 Sport: _____ Social Security Number: ____-____-____

Cell Number: (____) ____-____ E-mail Address: _____
 School Address: _____

Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Cell Phone: (____) ____-____ Home Phone: (____) ____-____

Insurance Company: _____ Member Number: _____

Medical History – Please explain any “Yes” answers below.	YES	NO
1. Do you have diabetes?	_____	_____
2. Do you have epilepsy?	_____	_____
3. Do you have asthma? If yes, how do you control it?	_____	_____
4. Have you ever had surgery?	_____	_____
5. Are you currently taking any prescription medications?	_____	_____
6. Do you have any allergies (for example: medicine, food, or stinging insects)?	_____	_____
7. Do you have any seasonal allergies that require medical treatment?	_____	_____
8. Has a physician ever told you that you have a heart murmur or arrhythmia?	_____	_____
9. Has any family member or relative died of a heart attack or sudden death before the age of 50?	_____	_____
10. Have you ever had a severe viral infection (for example myocarditis, meningitis, mononucleosis) within the past month?	_____	_____
11. Have you ever had or do you have now a case of MRSA?	_____	_____
12. Have you ever had a head injury, been knocked out, become unconscious or had a concussion? (If yes, how many and when)	_____	_____
13. Do you use any special protective or corrective equipment or devices that are not typically used for your sport or position (knee brace, special neck roll, foot orthotics or hearing aid)?	_____	_____
14. Do you wear glasses, contacts or protective eyewear?	_____	_____
15. Have you ever had a burner (stinger)? How many?	_____	_____
16. Have you ever fractured a bone or dislocated a joint?	_____	_____
17. Have you ever strained a muscle? (Which body part and when?)	_____	_____
18. Have you ever sprained a ligament? (Which body part and when?)	_____	_____

If yes to any of the above, please explain: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
 (If under 17 years of age)