

**KISHWAUKEE COLLEGE ATHLETICS
MEDICAL HISTORY FORM**



Name _____ Sex _____ Age _____ Date of Birth ____/____/____

Sport(s) _____ Circle One Freshman Sophomore Today's Date ____/____/____

- | | | |
|---|-----|----|
| 1. Do you cough, wheeze, or have trouble breathing during or after activity? | YES | NO |
| 2. Have you been diagnosed with asthma? | YES | NO |
| 3. Do you use an inhaler? | YES | NO |
| Which medication? _____ | | |
| 4. Do you have seasonal allergies that require medical treatment? | YES | NO |
| Explain _____ | | |
| 5. Have you ever had a head injury? | YES | NO |
| When? _____ | | |
| 6. Have you ever been knocked out, become unconscious, or lost your memory? | YES | NO |
| 7. Have you ever passed out during exercise? | YES | NO |
| 8. Have you ever had any chest pain during or after exercise? | YES | NO |
| 9. Do you get more tired than your friends do during exercise? | YES | NO |
| 10. Have you ever become ill from exercising in the heat? | YES | NO |
| 11. Other than heat related, have you ever been dizzy during or after exercise? | YES | NO |
| 12. Have you ever had racing of your heart or skipped beats? | YES | NO |
| 13. Have you ever had high blood pressure or high cholesterol? | YES | NO |
| List medications _____ | | |
| 14. Do you have a family member with a history of Marfan's Syndrome? | YES | NO |
| 15. Have you ever been told you have a heart murmur? | YES | NO |
| 16. Has any family member of relative died of heart problems or of sudden death before age 50? | YES | NO |
| 17. Has a physician ever denied or restricted your participation in sports for any heart problems? | YES | NO |
| 18. Have you had a severe viral infection (for example, myocarditis or Mononucleosis) within the last year? | YES | NO |
| 19. Have you ever used steroids or other performance enhancing agents? | YES | NO |
| 20. Have you ever had an eating disorder? | YES | NO |
| 21. Are you missing any paired organ(eye, kidney, ovary, testicle)? | YES | NO |
| 22. Did any illness/injury stop you from participating in a game? | YES | NO |
| If yes, what and when? _____ | | |
| 23. Describe any injuries from the last 2 years or any serious injuries or surgeries from your medical history. | | |
| _____ | | |
| _____ | | |

24. Please elaborate on any questions which you answered yes. (Dates, Doctors, Actions taken, Medications)

Males only:			Females only:		
Have you ever had a hernia?	YES	NO	Do you have a regular, monthly period?	YES	NO
			If your cycle is irregular, are you under the care of a physician?	YES	NO

It is understood that even though protective equipment is worn by the athlete, whenever needed, The possibility of an accident still remains. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury. **I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by Kishwaukee College Athletic Department.**

Student Signature: _____ Date _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:
 This Medical History Form was reviewed by KC Certified Athletic Trainer: Signed _____ Date _____