

**MTSU ATHLETIC TRAINING EDUCATION PROGRAM
MEDICAL HISTORY & PHYSICAL EXAMINATION**

Name: _____ SSN: _____ Age: _____
LAST FIRST MI

Date of Birth: ____/____/____ Race: _____ Sex: _____ Sport(s): _____ Year in School: _____

MEDICAL HISTORY: Answer all of the following questions by marking the appropriate box. Explain any yes answers below.

#	Yes	No	IF "YES" IS CHECKED, USE THE SPACE BELOW TO EXPLAIN
1.			Are you currently under a doctor's care? If so, who? Why?
2.			Do you have any chronic or recurrent illnesses? (diabetes, asthma, ulcer, bronchitis, sickle cell anemia)
3.			Have you been hospitalized for any reason?
4.			Have you had any illnesses requiring bed rest of 1 week or longer?
5.			Have you had any surgery?
6.			Have you been advised to have any surgery, but chose not to have it?
7.			Are you presently taking any medications?
8.			Are you allergic to any medications? (Aspirin, penicillin)
9.			Are you allergic to any food or insect?
10.			Have you ever had any of the following symptoms of heart problems?
			Chest pain
			High blood pressure
			Close relative under 40 to die of heart disease
			Heart racing
			Mitral Valve Prolapse
11.			Have you had any dizziness, fainting, convulsions, or frequent headaches?
12.			Have you ever been "knocked out" or had a concussion? If so, how many times?
13.			Do you wear eyeglasses or contact lenses?
14.			Have you had any serious eye injuries?
15.			Do you wear any dental appliances? (Braces, retainer, bridge, plates)
16.			Have you ever suffered from heat exhaustion or heat stroke?
17.			Has your weight changed by 10lbs. or more within the last 6 months?
18.			Are you presently taking creatine? How long?
19.			Have you ever had mononucleosis? If so, what month and year.
20.			Do you have any history of an enlarged spleen or liver?
21.			Do you have any organ missing other than tonsils (appendix, eye, kidney, spleen, testicle)?
22.			Do you have any history of a collapsed lung or tuberculosis?
23.			Have you ever been told that you had sickle cell disease or sickle cell trait?
24.			Have you had a knee injury?
25.			Have you had an injury to your feet?
26.			Have you injured your ankle?
27.			Have you had a neck injury?
28.			Do you have any hearing impairments?
29.			Have you had any low back injury?
30.			Have you had any other joint sprains or dislocations (shoulder, wrist, or finger)?
31.			Have you had any broken bones?
32.			Do you have a history of stress fractures?
33.			Do you know of any reason that you should not participate?

DESCRIBE ANY "YES" RESPONSE IN DETAIL IN THE SPACE PROVIDED BELOW, ENTER THE QUESTION # BEFORE EACH COMMENT.

All statements answered in this record are true to the best of my knowledge. I have no abnormality, limitations or restrictions not mentioned in this record. I understand that this information is used to help determine my fitness to participate in athletics.

Date: _____ Signature: _____

