

Revised: 04/12

ALLEGHENY COLLEGE ATHLETIC DEPARTMENT

Date: _____

MEDICAL HISTORY OF ATHLETE

2012-2013 Class Rank Fr So Jr Sr

Last Name _____ First Name _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

Campus Address _____ Cell Phone _____ Age _____ DOB _____

Sport you will be involved with _____ Height _____ Weight _____

Emergency contact person _____ Phone _____

I. TO BE COMPLETED BY ATHLETE

	NO	YES	Explanation of Yes Answer
1. Are you under a physician's care?	___	___	_____
2. Do you now take any medications?	___	___	_____
3. Have you ever been admitted to a hospital?	___	___	_____
4. Have you ever had injuries requiring medical attention?	___	___	_____
5. Have you ever had a surgical operation?	___	___	_____
6. Do you have any allergies to drugs?	___	___	_____
7. Do you have any other allergies? (insects, bee stings?)	___	___	_____
8. Do you wear glasses or contact lenses?	___	___	_____
9. Have you ever taken any steroids or been on a protein rich diet?	___	___	_____
10. Have you ever had an illness last more than a week?	___	___	_____
11. Are you prone to colds, flu, pneumonia?	___	___	_____
12. Are you prone to infection? (boils)	___	___	_____
13. Have you ever had any head or neck injuries?	___	___	_____
14. Have you ever had any shoulder injuries?	___	___	_____
15. Have you had any hip injuries?	___	___	_____
16. Have you had any back problems or injuries?	___	___	_____
17. Have you had any knee injuries?	___	___	_____
18. Have you had any ankle injuries?	___	___	_____
19. Are you prone to muscle strains?	___	___	_____
20. Have you had heat exhaustion or heat stroke?	___	___	_____
21. Have you had any neurological problems? (severe headaches, seizures, fainting)	___	___	_____
22. Do you have any endocrine disorder? (thyroid, diabetes)	___	___	_____

23. Have you ever been told you have: heart murmur, elevated blood pressure, or mitral valve prolapse?	___	___	_____
24. Have you had chest pain when you exert yourself?	___	___	_____
25. Have you fainted or nearly fainted during exertion?	___	___	_____
26. Have you had excessive, unexplained shortness of breath or fatigue with exercise?	___	___	_____
27. Do you have a family history of premature death or illness from cardiovascular disease in a relative younger than 50?	___	___	_____
28. Do you have a family history of hypertrophic cardiomyopathy, dilated cardiomyopathy, long Q-T syndrome, or Marfan's syndrome?	___	___	_____

Name _____

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PRE-PARTICIPATION EXAMINATION

II. TO BE COMPLETED BY EXAMINING PHYSICIAN

1. Date of last Tetanus shot: _____
2. Brachial blood pressure – sitting: _____

	<u>NORMAL</u>	<u>ABNORMAL</u>
3. Skin	___	___
4. HEENT	___	___
5. Lymphatic	___	___
6. Respiratory	___	___
7. Cardiovascular	___	___
8. Marfan's Screening	___	___
9. Musculoskeletal	___	___
10. Hernia	___	___
11. GI	___	___
12. GU	___	___
13. Neurological	___	___
14. Orthopedic		
A. Shoulders	L ___ R ___	L ___ R ___
B. Knees	L ___ R ___	L ___ R ___

	<u>LEFT KNEE</u>		<u>RIGHT KNEE</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1. Laxity of medial collateral ligament	___	___	___	___
2. Laxity of lateral collateral ligament	___	___	___	___
3. Positive anterior drawer sign	___	___	___	___
4. Positive posterior drawer sign	___	___	___	___
5. Meniscus damage of any type	___	___	___	___

C. Ankles	L ___	L ___
	R ___	R ___

III. OTHER COMMENTS OR FINDINGS:

Examined and qualified/not qualified for participation in intercollegiate sports. Further studies need to determine physical eligibility.

Health Care Provider's Signature

Date