

OLIVET COLLEGE

ATHLETIC PRE-PARTICIPATION HEALTH HISTORY FORM

RETURNING ATHLETE

Name _____ Date _____ SS# _____

Age _____ Date of Birth _____ Yr./school _____ Sport(s) _____

Local Address _____ Local Phone _____

WITHIN THE LAST YEAR

Medical History

- 1. Yes No Have you sustained an injury (broken/fractured/sprained/strained) to any part of your body requiring medical attention? If yes, please specify. SIDE BODY PART TYPE OF INJURY YEAR
2. Yes No Have you had any type of surgery or loss of organ(s)? If yes, please specify.
3. Yes No Have you developed any new health related conditions? If yes, please list.
4. Yes No Are currently taking any medication(s)? If yes, please list.
5. Yes No Are you currently taking any nutritional, performance, or herbal supplement(s)? If yes, please list.
6. Yes No Have you developed any allergies? If yes, please list.
7. Yes No Have you developed asthma? If yes, please list medication.
8. Yes No Have you experienced fainting, dizziness, headaches, or shortness of breath? If yes, please indicate cause(s).
9. Yes No Have you experienced chest pains or been diagnosed with a heart related condition? If yes, please explain.
10. Yes No Has anyone in your family died suddenly from a heart or lung condition? If yes, please specify.
11. Yes No Have you sustained a head injury or concussion? If yes, please specify how many and when they occurred.
12. Yes No Have you lost consciousness or blacked out after sustaining a head injury? If yes, how many times and when?
13. Yes No Have you had a stinger/burner/numbness of the neck/shoulder region? If yes, please specify how many and the year(s) they occurred.
14. Yes No Have you started utilizing any type of assistive devices (braces/orthotics) while participating in athletics? If yes, please specify.

*** I attest that the above medical history questions have been answered honestly and accurately.***

Student-Athlete Signature _____

Date _____

(REQUIRED If under 18 years of age)

Parent / Guardian Signature _____

Date _____