



O L I V E T C O L L E G E
Education for Individual and Social Responsibility

Athletic Training • Olivet, Michigan 49076 • (269) 749-4169 • Fax (269) 749-4144

NEW ATHLETE

Name \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_
Gender: M or F Date of Birth \_\_\_\_\_ Yr./school \_\_\_\_\_ Sport(s) \_\_\_\_\_
Local Address \_\_\_\_\_ Local Phone \_\_\_\_\_

Medical History

- 1. Yes No Are you currently taking any medication(s)? If yes, please list.
2. Yes No Are you currently taking any nutritional, performance, or herbal supplement(s)? If yes, please list.
3. Yes No Do you have any known allergies? If yes, please indicate below.
4. Yes No Do you have asthma? If yes, please list medication.
5. Yes No Have you ever experienced fainting, dizziness, headaches, or shortness of breath? If yes, please indicate cause(s).
6. Yes No Have you ever been diagnosed with a heart related condition? If yes, please explain.
7. Yes No Has anyone in your family ever died suddenly from a heart or lung condition? If yes, please specify.
8. Yes No Have you ever injured (broken/fractured/sprained/strained) any part of your body requiring medical attention? If yes, please specify.
9. Yes No Did any of these injuries require surgery? If yes, please specify.
10. Yes No Have you ever sustained a head injury or concussion? If yes, please specify how many and the year(s) they occurred.
11. Yes No Have you ever lost consciousness or blacked out after sustaining a head injury? If yes, how many times and when?
12. Yes No Have you ever had a stinger/burner/numbness of the neck/shoulder region? If yes, please specify how many and the year(s) they occurred.
13. Yes No Do you utilize any type of assistive devices (braces/orthotics) while participating in athletics? If yes, please specify.
14. Yes No Have you experienced removal or loss of function of a paired organ? If yes, please specify organ(s).

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

Student-Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_
Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_