Athlete Medical History

Print out this form and fill in your name, Blugold ID number, and the sport(s) you will be participating in. Answer all applicable questions. Please bring the completed form to your appointment.

Name ____________________________________________________________
ID # __________________________________________________________________
Date __________________________________________________________________
Sport(s) __________________________________________________________________

Please read each question carefully. Check YES or NO by each question.

1. Have you ever been advised not to participate in any sports? Yes _____ No _____
2. Is there any reason you possibly should not participate now? Yes _____ No _____
3. Have you ever been told you have heart trouble? Yes _____ No _____
4. Have you ever passed out during or after exercise? Yes _____ No _____
5. Have you ever passed out for no apparent reason? Yes _____ No _____
6. Have you ever experienced severe dizziness during or after exercise? Yes _____ No _____
7. Have you ever had chest pain during or after exercise? Yes _____ No _____
8. Does your heart ever beat unevenly or irregularly? Yes _____ No _____
9. Has a family member or relative died of a heart problem or sudden (non-accidental) death before age 50? Yes _____ No _____
10. Has a family member had a heart attack before age 50? Yes _____ No _____
11. Have you ever had high blood pressure or high cholesterol? Yes _____ No _____
12. Have you ever had anemia? (been anemic?) Yes _____ No _____
13. Have you had mononucleosis in the past 3 months? Yes _____ No _____
14. Are you using any performance-enhancing or weight control supplements? Yes _____ No _____
15. Have you ever had severe head injury, been knocked out, or had a concussion? Yes _____ No _____
16. Have you ever had a seizure? Yes _____ No _____
17. Have you or others been concerned about your weight or eating habits? Yes _____ No _____
18. Have you or others been concerned about your alcohol or drug use? Yes _____ No _____
19. Do you have a missing or non-functioning kidney?  
   Yes _____ No _____
20. Do you have asthma?  
   Yes _____ No _____
   If yes, is it well controlled with medication?  N/A _____
   Yes _____ No _____
21. Have you ever been ill from exercising in the heat?  
   Yes _____ No _____
22. Do you have a neck or back problem?  
   Yes _____ No _____
23. Do you have a shoulder, arm, wrist or hand problem?  
   Yes _____ No _____
24. Do you have a hip problem?  
   Yes _____ No _____
25. Do you have a leg, ankle, or foot problem?  
   Yes _____ No _____
26. Do you have a knee problem?  
   Yes _____ No _____
27. Do you have an unhealed injury now?  
   Yes _____ No _____
28. (MALES ONLY) Do you have a missing or non-functioning testicle?  
   Yes _____ No _____
29. (FEMALES ONLY) Are you having no periods at all, or periods which are usually more than 3 months apart?  
   Yes _____ No _____
30. (FEMALES ONLY) Is there a possibility that you are pregnant?  
   Yes _____ No _____

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Reviewed By: ___________________________________________________