ATHLETE'S MEDICAL INFORMATION

Athlete's Name: _____ Birthdate: _____

Parent's or Guardian's Name(s): _____

Medical History

Complete the following:	Date
Last Tetanus Shot	
Last Dental Exam	
Last Eye Exam	

Does your child have a history of any of the following?

General Conditions	Circle Yes or No		Circle one for any yes answer	
Fainting Spells or Dizziness	Yes	No	Past	Present
Headaches	Yes	No	Past	Present
Convulsions/Epilepsy	Yes	No	Past	Present
Asthma	Yes	No	Past	Present
High Blood Pressure	Yes	No	Past	Present
Kidney Problems	Yes	No	Past	Present
Intestinal Disorder	Yes	No	Past	Present
Hernia	Yes	No	Past	Present
Diabetes	Yes	No	Past	Present
Heart Disease	Yes	No	Past	Present
Skin Disorder	Yes	No	Past	Present
Allergies	Yes	No	Past	Present

Specify: _____

_____

List any Serious/Significant illness not included Above: _____

_____

Injuries	Circle Yes or No		Circle one for any yes answer	
Feet	Yes	No	Past	Present
Ankles	Yes	No	Past	Present
Legs	Yes	No	Past	Present
Hips	Yes	No	Past	Present
Back	Yes	No	Past	Present
Abdomen	Yes	No	Past	Present
Chest	Yes	No	Past	Present
Neck	Yes	No	Past	Present
Hands	Yes	No	Past	Present
Wrists	Yes	No	Past	Present
Arms	Yes	No	Past	Present
Shoulders	Yes	No	Past	Present
Head	Yes	No	Past	Present
Joint Dislocations or Separations	Yes	No	Past	Present

List Any Serious/Significant Injury Not Included Above: _____

_____

For each "yes" response provide additional information at the end of this section:

	Circle One	
Is your child taking any medication?	Yes	No
Describe medication, amount, reason.		
Does your child have allergic reactions to medications, bee stings, food, etc>? Describe agents and reactions	Yes	No
Does your child wear any appliances? Glasses, contact lenses, hearing aids, braces, etc.? Describe appliance	Yes	No
Has your child had any surgical operations? Indicate site, reason for surgery. Level of success.	Yes	No
Has a physician placed any restrictions on your child's activities? Describe restriction.	Yes	No
Has your child ever lost consciousness or had a concussion?	Yes	No
Has you child experienced fainting or dizziness while exercising?	Yes	No
Does your child have any medical or emotional problems that may require special attention of a sports coach? Explain.	Yes	No

Please explain below any "Yes" responses or any other concerns that have implications for coaching your child. Also describe any special first aid requirements, if appropriate. An additional sheet may be attached if necessary.

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