

13. Do you have any allergies? (drug, food, seasonal, other) If yes, explain	YES	NO
14. Have you had either a gain or loss of greater than ten (10) pounds in the past year (12 months)?	YES	NO
15. If you have been diagnosed with ADD/ADHD, have there been any changes in your medication in the past year (12 months)? If yes, please list the drug and dosage	YES	NO
16. Would you like to discuss any current health issues with your athletic trainer?	YES	NO

17. Complete the chart below and give details to the right if you have sustained injuries during the last year (12months).			
HEAD	YES	NO	
NECK	YES	NO	
SHOULDER	YES	NO	
ARM	YES	NO	
ELBOW	YES	NO	
FOREARM	YES	NO	
WRIST	YES	NO	
HAND	YES	NO	
FINGERS	YES	NO	
CHEST	YES	NO	
SPINE	YES	NO	
ABDOMEN	YES	NO	
PELVIS	YES	NO	
HIP	YES	NO	
THIGH	YES	NO	
KNEE	YES	NO	
LEG	YES	NO	
ANKLE	YES	NO	
FOOT	YES	NO	
TOES	YES	NO	

Females ONLY Section:

18. Have you had menstrual periods within the last year (12 months)? If yes, how many and what was the longest time between periods?	Yes	No
19. Do you take any medications during your menstrual periods? If so, what?	Yes	No
20. Do you take birth control pills? If yes, what brand?	Yes	No

If you have any additional conditions, problems, or comments that have not been addressed thoroughly in the above questionnaire, please use the space below to inform us so that we may be able to better serve you with our best medical care.

All statements and answers in the above medical history questionnaire are true and complete to the best of my knowledge. I have no abnormality, limitation, or restriction not mentioned in this record. I understand that this information is to help determine my fitness to participate in athletics, and to aid in the treatment and diagnosis of future injuries/illnesses that I may incur.

I have read and agree to the above statement.