MEDICAL HISTORY UPDATE

University of Dayton Sports Medicine

Name_____ Sport_____ Class_____

Campus Address_____ Cell Phone_____

_____ Date of Last Physical Exam_____

Parent's Names_____

Address_____ Home Phone_____

City_____ State_____ Zip Code_____

The following questions must have current answers by the student-athlete:	***Yes***	***No***
1. Have you been hospitalized or had a major illness since the most recent above medical evaluation?	❼	❼
2. Are you currently ill in any way?	❼	❼
3. Have you had any injuries (including cerebral concussions) since the most recent above medical evaluation?	❼	❼
4. Do you currently have any incompletely healed injury?	❼	❼
5. Are you taking any medication on a regular or continuing basis?	❼	❼
6. Are you currently taking any short-course medication for specific current illness, etc.?	❼	❼
7. Have you ever passed out or fainted during or after exercise?	❼	❼
Have you ever been dizzy during or after exercise?	❼	❼
Have you ever had chest pain during or after exercise?	❼	❼
Do you get tired more quickly than your friends do during exercise?	❼	❼
Have you ever had racing of your heart or skipped heartbeats?	❼	❼
Have you ever had high blood pressure or high cholesterol?	❼	❼
Have you ever been told you have a heart murmur?	❼	❼
Has any family member or relative died of a heart problem or of sudden death before age 50?	❼	❼
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	❼	❼
Has a physician ever denied or restricted your participation in sports for any heart problems?	❼	❼
8. Do you know of, or do you believe there is, any health reason why you should not participate in the University of Dayton athletics program at this time?	❼	❼

*Explain **"YES"** answers*:_____

_____

_____

The undersigned, herewith,

A. Understands that he or she must refrain from practice or play while ill or injured, whether or not receiving treatment, and during medical treatment until he or she is discharged from treatment or is given permission by the athletic trainer to resume participation despite continuing treatment.

B. Understands that having passed the physical examination does not necessarily mean that he or she is physically qualified to engage is athletics, but only that the evaluator did not find a medical reason to disqualify him or her at the time of said examination.

C. Certifies that the answers to the questions above are correct and true.

SIGNED:_____ DATE_____

OFFICE USE ONLY: Blood Pressure _____/_____ Date_____