



Fayetteville State University Sports
Medicine Questionnaire (RETURNER)

Note to athlete: This form is only applicable for RETURNING student-athletes who already have a FULL sports physical on file with the school. If this is your first time, please fill out and have a physician sign the physical for NEW student-athletes.

PERSONAL INFORMATION:

PLEASE PRINT CLEARLY AND LEGIBLY

Name: _____
Last First Middle

SSN: _____ Banner/Student ID#: _____

Sex (Circle One): Male Female Date of Birth (mm/dd/yy): _____

Sport: _____ Eligibility (circle one): Fr So Jr Sr Grad

Address (while at school): _____
Street City/State Zip Code

Phone Number: Home-() Cell-()

Permanent Address (Parent/Guardian):

Street City/State Zip Code

Emergency Contacts (MUST LIST AT LEAST ONE)

Name: _____ Phone (home): _____

Relation: _____ (work): _____

Name: _____ Phone (home): _____

Relation: _____ (work): _____

Fayetteville State University
Sports Medicine

Shared Responsibility for Sport Safety

Participation in sports requires an acceptance of risk of injury. Student-athletes rightfully assume that those who are responsible for the conduct of the sport have taken reasonable precautions to minimize the risk of significant injury. Periodic analysis of injury patterns continuously leads to refinements in the rules and/or other safety guidelines.

However, to legislate safety via the rule book and equipment standards alone, while often necessary, is seldom entirely effective. To rely on officials to enforce compliance with the rule book is an insufficient as to rely on warning labels to produce behavioral compliance with safety guidelines. Compliance implies respect on everyone's part (student-athlete, coach, athletic trainer, physician, athletic director) for the intent and purpose of the rules and guidelines.

Student-athletes, for their part, should comply with and understand the rules and standards that govern their sports. Coaches should appropriately acquaint the student-athlete with risks of injury and with the rules and practices they are employing to minimize the student-athlete's risk of significant injury while pursuing the many benefits of the sport. The athletic trainer and team physician are also partly responsible for developing injury-prevention strategies (where possible) and the care of those injuries that occur. The athletics program, via the athletic director and coaches, should be responsible for providing a safe environment. The student-athlete and the athletics program have a mutual need for an informed awareness for the risks being accepted and for sharing the responsibility for minimizing those risks. Your signature below indicates that you understand this shared responsibility process, including the role; you play in attempting to prevent injuries to yourself, your teammates and your opponents.

Signature of athlete/and parent if athlete is under age 18

Date

Assumption of Risk

I understand that while I am participating in intercollegiate athletics, there is a risk of injury. I understand that there is always the possibility of injuries when you place extra demands on the muscles, bones, joints, and ligaments in a competitive environment. Injuries that can occur in varsity athletics include by are not necessarily limited to the following: blisters, muscle strains, ligament and joint sprains, joint soreness, abrasions, contusions, stress fractures, broken bones, head, neck and spinal cord injuries involving paralysis and even death. However, if you exercise care for your safety and the safety of your teammates and your opponents, the likelihood of such injuries can be greatly reduced.

I hereby accept and assume the risk of injury and understand the possible consequences of such injury.

Signature of athlete/and parent if athlete is under age 18

Date

Consent for Treatment

I understand that I may be injured while participating in intercollegiate athletics at Fayetteville State University. I authorize the school to obtain, through a physician of its choice, any emergency care that may become necessary while participating in or traveling under Fayetteville State University's intercollegiate athletics program. I also authorize the University athletic team physician and athletics trainers to administer those treatments as necessary and consent for the exchange and release of private information necessary for my treatment between Fayetteville State University and relevant medical facilities.

Signature of athlete/and parent if athlete is under age 18

Date

Please list and explain any new injuries or illnesses sustained and/or treated for in the past year or since you've last filled out a complete medical history form for Fayetteville State University Athletic Training.

Please list any medical or psychological issues that you feel apprehensive about or worry that they may cause an added risk to you or your teammates outside the normal risks of your sport.

The undersigned herewith,

- A. Understands that any medical expense incurred due to the above pre-existing conditions and not directly attributable to the athletic participation at Fayetteville State University is their personal responsibility.
- B. Understands that the athletic medical insurance is secondary coverage and does not cover them until he or she has been cleared by an athletic physical examination.
- C. Understands that he or she must refrain from practice while ill or injured, whether or not receiving medical treatment, and during medical treatment until he or she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continuing treatment.
- D. Understands that having passed the physical examination does not necessarily mean that he or she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him or her at the time of said examination.
- E. Certifies that the answers above are correct and true.

Athlete Signature _____

Date _____

PHYSICIAN AND/OR ATHLETIC TRAINER REVIEW COMMENTS:

CLEARANCE:

- I certify that this patient is **cleared** to participate in intercollegiate athletics for Fayetteville State University.
- I certify that this patient is **conditionally cleared** to participate in intercollegiate athletics for Fayetteville State University

pending: _____

- Patient is **NOT CLEARED** to participate in intercollegiate athletics for Fayetteville State University

Physician / Physician's Assistant / Nurse Practitioner Signature

_____ **Date** _____

PHYSICIAN OFFICE STAMP OR ADDRESS AND PHONE NUMBER:

**Upon Completion of the History Form, it is to be reviewed and signed by a FSU Certified Athletic Trainer.

Signature _____ **ATC** **Date** _____