



FURMAN UNIVERSITY SPORTSMEDICINE CENTER

STUDENT-ATHLETE MEDICAL HISTORY

PERSONAL DATA

Name _____
Last First Middle

Social Security # _____ Date of Birth _____
(MM/DD/YYYY)

Gender Male Female Sport(s): _____

GENERAL MEDICAL

FAMILY HISTORY: Has anyone in your immediate family had?

	YES	NO	Please Explain:
Sudden Death (Before age 50)			
Heart Disease/Heart Attack			
Heart Murmur			
Abnormal Heart Rate/Palpitation			
High Blood Pressure/Hypertension			
Diabetes			
Marfan Syndrome			
Epilepsy			
Blood Disorder			

PERSONAL MEDICAL HISTORY: Have you ever had/currently have any of the following conditions?

	YES	NO
ADD/ADHD		
Anemia/Low Blood Counts		
Appendicitis		
Asthma/Breathing Problems		
Chicken Pox		
Constipation/Diarrhea/Hemorrhoids		
Diabetes		
Eating Disorder (anorexia, bulimia)		
Emotional Disturbance (Depression/Anxiety)		
Epilepsy/Seizure Disorder		
Hearing Impairment/Loss		
Hernia		
Hepatitis/Liver Problems/Jaundice		
Kidney Disease/Stones/Injury		
Migraine/Headaches		
Missed a game due to an illness		

	YES	NO
Menstrual Irregularities		
Mononucleosis		
Pins/Staples/Wires in body		
Pneumonia/Frequent Respiratory Infections		
Recurrent Ear Infections		
Sexually Transmitted Disease		
Sickle Cell Trait		
Sinus Infection/Nasal Polyps/Nose Fracture		
Spleen/Liver Injury		
Stomach Problems (bleeding, ulcers)		
Stress Fracture		
Thyroid Disorder		
Tuberculosis		
Tumor/Growth/Cyst		
Urinary Problems (blood, recurrent infections)		

Please Explain: _____

CURRENT MEDICATIONS/SUPPLEMENTS: (prescription and over-the-counter)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Recent Tetanus Immunization: ____ / ____ / ____

Recent Influenza Immunization: ____ / ____ / ____

INTERNAL/SURGICAL HISTORY:

	YES	NO
Were you born WITHOUT a complete set of paired organs (eyes,kidneys,ovaries/testes,etc.)?		
Have you ever had to repair/remove any organ (hernia,tonsils,appendix,spleen,etc.)?		

Please Explain: _____

ALLERGIES:

	YES	NO
Aspirin/Anti-Inflammatories		
Codeine		
Hay Fever		
Insect Stings/Bites		
Latex		

	YES	NO
Penicillin		
Sulfa		
Any Foods:		
Other Drugs:		

Please Explain: _____

CARDIAC HISTORY: Have you ever had/currently have any of the following conditions?

	YES	NO
High blood pressure/Hypertension		
Irregular heart beat/Palpitations		
Felt dizzy/Light-headed/Passed out during or after exercise?		
Chest pain/Tightness/Discomfort with exercise?		

	YES	NO
Have seen a cardiologist?		
Rheumatic heart disease		
Had an echocardiogram/EKG?		
Had a stress test?		
Heart murmur		

Please Explain: _____

HEAT ILLNESS HISTORY: Have you ever:

	YES	NO
Become dehydrated?		
Had heat cramps?		
Had heat exhaustion?		

	YES	NO
Had heat stroke?		
Received IV fluids?		
Had intolerance to heat?		

Please Explain: _____

VISION HISTORY: Have you ever/do you currently:

	YES	NO
Had an eye injury?		
Wear glasses/contacts/protective eyewear?		
If YES, bring a current prescription from your physician		

DENTAL HISTORY: Have you ever/do you currently:

	YES	NO
Had a tooth knocked out/loose/chipped?		
Wear a dental appliance?		
Wear a protection device?		

Please Explain: _____

Please describe below any further general medical injury information, which is knowledgeable to you and has not been requested.

ORTHOPEDIC HISTORY

- Explain any "YES" answers in the spaces provided by describing location (left/right) nature of injury/illness and dates.

HEAD INJURY: Have you ever had/currently have:

	YES	NO
Concussion—number of episodes		
Knocked Out/Unconscious		
Recurrent headaches/Migraines		
Fracture		

	YES	NO
Hospitalization/Surgery		
X-ray/CT/MRI		
Missed practice/game time		
Other		

Please explain: _____

CERVICAL SPINE/NECK: Have you ever had/currently have:

	YES	NO
Injury/Sprain/Strain		
Disc injury		
Pinched nerve/Stinger		
Fracture/Dislocation		

	YES	NO
Hospitalization/Surgery		
X-ray/CT/MRI/Bone Scan		
Missed practice/game time		
Other		

Please explain: _____

SHOULDER/UPPER ARM: Have you ever had/currently have:

	YES	NO
Injury/Sprain/Strain		
Bursitis/Tendinitis		
Fracture/Dislocation/Subluxation		
Shoulder Separation		
Numbness/Weakness in arm		

	YES	NO
Hospitalization/Surgery		
X-ray/CT/MRI/Bone Scan		
Missed practice/game time		
Other		

Please explain: _____

ELBOW/FOREARM: Have you ever had/currently have:

	YES	NO
Injury/Sprain/Strain		
Fracture/Dislocation		
Bursitis/Tendinitis		
Hospitalization/Surgery		

	YES	NO
X-ray/CT/MRI/Bone Scan		
Missed practice/game time		
Other		

Please explain: _____

WRIST/HAND/FINGER: Have you ever had/currently have:

	YES	NO
Injury/Sprain/Strain		
Fracture/Dislocation		
Brace/Cast/Splint		
Hospitalization/Surgery		

	YES	NO
X-ray/CT/MRI/Bone Scan		
Missed practice/game time		
Other		

Please explain: _____

SPINE/LOWBACK: Have you ever had/currently have:

	YES	NO
Injury/Sprain/Strain		
Nerve/Disc injury		
Numbness/Weakness in leg		
Pain in leg		
Fracture/Dislocation		

	YES	NO
Hospitalization/Surgery		
X-ray/CT/MRI/Bone Scan		
Missed practice/game time		
Other		

Please explain: _____

RIBS/CHEST: Have you ever had/currently have:

	YES	NO
Injury/Sprain/Strain		
Fracture/Dislocation		
Hospitalization/Surgery		

	YES	NO
X-ray/CT/MRI/Bone Scan		
Missed practice/game time		
Other		

Please explain: _____

HIP/GROIN: Have you ever had/currently have:

	YES	NO
Injury/Sprain/Strain		
Bursitis/Tendinitis		
Fracture/Dislocation		
Hospitalization/Surgery		

	YES	NO
X-ray/CT/MRI/Bone Scan		
Missed practice/game time		
Other		

Please explain: _____

THIGH: Have you ever had/currently have:

	YES	NO
Injury/Sprain/Strain		
Fracture		
Hospitalization/Surgery		

	YES	NO
X-ray/CT/MRI/Bone Scan		
Missed practice/game time		
Other		

Please explain: _____

KNEE: Have you ever had/currently have:

	YES	NO
Injury/Sprain/Strain		
Bursitis/Tendinitis		
Fracture/Dislocation/Subluxation		
Torn cartilage/Meniscal Injury		
Swelling		
Locking/Giving away		

	YES	NO
Brace/Cast/Splint		
Hospitalization/Surgery		
X-ray/CT/MRI/Bone Scan		
Missed practice/game time		
Other		

Please explain: _____

ANKLE/LOWER LEG: Have you ever had/currently have:

	YES	NO
Injury/Sprain/Strain		
Bursitis/Tendinitis		
Fracture/Dislocation		
Instability/Weakness		
Stress Fracture/Shin Splints		

	YES	NO
Brace/Cast/Splint		
Hospitalization/Surgery		
X-ray/CT/MRI/Bone Scan		
Missed practice/game time		
Other		

Please explain: _____

FOOT/TOE: Have you ever had/currently have:

	YES	NO
Injury/Sprain/Strain		
Bursitis/Tendinitis		
Fracture/Dislocation		
Weakness		
Brace/Cast/Splint		

	YES	NO
Hospitalization/Surgery		
X-ray/CT/MRI/Bone Scan		
Missed practice/game time		
Other		

Please explain: _____

Please describe below any further orthopedic injury information, which is knowledgeable to you and has not been requested.

The undersigned, hereby:

1. Affirms that all answers and information are correct and true, and that no answers or information have been withheld.
2. Understands his/her having passed the physician examination does not necessarily mean he/she is physically qualified to engage in athletics, but only that the examiner did not find any medical reason to disqualify him/her.
3. Fully realizes Furman University Athletic Department cannot be held responsible for any previous medical condition(s) he/she might have.

Student-Athlete Signature

Date

Parent/Guardian Signature (if under 18 years of age)

Date