

**GRAND VALLEY STATE UNIVERSITY
ATHLETIC TRAINING**

RETURNING STUDENT ATHLETE MEDICAL HISTORY

NAME _____ SEX: _____ BIRTHDATE: _____
Last First M.I.

SPORT: _____ YEAR: _____ TODAY'S DATE: _____

1. Have you had any injuries since your medical exam last fall? Yes No

If yes, explain: _____

2. Have you had surgery since your medical exam last fall? Yes No

If yes, explain: _____

3. Have you seen a doctor for any medical problem since your medical exam last fall?

Yes No

If yes, explain: _____

4. Do you have any allergies (medicines, bees, etc) ? Yes No

If yes, explain: _____

5. Are you currently taking any medications? Yes No

If yes, explain: _____

6. Have you had any new medical problems that did not require a doctor visit since your medical exam last fall?

Yes No

Have any family members had any new medical problems since last fall?

Yes No

Please explain all yes answers. _____

I state all the information provided above to be accurate, and understand that providing false information or not disclosing a complete medical history may result in some medical bills relating to pre-existing conditions not being covered under the GVSU Medical Bill Payments Policies and Procedures.

Student athlete signature

Date

Parent Signature

Date