



Department of Athletics
 Athletic Training Room
 (508) 999 - 8731
 Fax (508) 910-6539

COMPREHENSIVE MEDICAL HISTORY FORM 2009-2010

All students trying out for intercollegiate athletic teams **participants** are required to complete this form. This form is confidential and will only be shared only with Health Service personnel as well as the Team Physician and UMD Athletic Trainers

PLEASE PRINT

Name: _____ SS# _____ Class of _____
 DOB _____ Age _____ Sport(s) _____
 Home Address: _____ Cell # _____
 _____ Home # _____
 Town/State/Zip _____

Who should we contact in the event of an emergency?

Name _____ Relation _____
 Address Same as above Other _____
 Best number to contact this person _____ Cell _____ Home _____ Work _____
 Name _____ Relation _____
 Address Same as above Other _____
 Best number to contact this person _____ Cell _____ Home _____ Work _____
 Family Doctor/PCP _____ Phone _____

Please circle response and be specific if an explanation is required.

YES	NO	ALLERGIES	Provide details? _____
YES	NO	ANEMIA	Date(s): _____
YES	NO	ASTHMA	Exercise induced? Yes / No Inhaler? Yes / No
			Asymptomatic? Yes / No
YES	NO	DIABETES	Type _____ Insulin Dependent Yes / No
YES	NO	EPILEPSY	Medication? _____
YES	NO	HEART	Hypertension? _____ Murmur? _____
			Other? _____
YES	NO	HEPATITIS	Date: _____
YES	NO	JAUNDICE	Date: _____
YES	NO	MONO	Date(s): _____
YES	NO	SKIN CONDITION	Provide details? _____
YES	NO	SINGLE ORGAN	Provide details? _____
YES	NO	VISION DIFFERENCE	Glasses/sport? Yes / No Contacts/sport Yes / No

ANY OTHER PROBLEMS NOT ON THE LIST? _____

YES NO Are you under a physician's care?
 YES NO Do you take medication on a regular bases?

- YES NO Do you have an allergy to medications or other substances?
- YES NO Have you had surgery to repair/remove an organ?
- YES NO Have you ever been hospitalized overnight before?
- YES NO Have you ever had blood in your urine?
- YES NO Have you experienced a weight change of 10-15 pounds?
- YES NO Have you ever had persistently swollen glands?
- YES NO Have you ever experienced fatigue, loss of energy or weakness?
- YES NO Do you have exercise induced asthma that requires use of an inhaler prior to activity?
- YES NO Have you had any changes in your asthma condition in the last six months?
- YES NO Have you ever been unconscious or lost memory due to a blow to the head?
- YES NO Have you ever had a "stinger" or "burner" in your neck/shoulders?
- YES NO Have you ever had an injury to your back that required you to refrain from activity?
- YES NO Do you have scoliosis?
- YES NO Have you had to have surgery in which a screw, pin or plate has been placed in your body?
- YES NO Have you had a fracture and/or dislocation anywhere?
- YES NO Have you ever had a shoulder injury that left you unable to use your arm fully?
- YES NO Have you ever had surgery on one or both of your shoulders?
- YES NO Have you had a knee injury that produced immediate and/or severe swelling?
- YES NO Have you ever been told that you injured the ligaments or cartilage in you knee(s)?
- YES NO Have you ever had surgery on one or both knees?
- YES NO Do you wear any type of brace/sleeve on one or both knees?
- YES NO Do you have pain in one or both knees when you are extremely active?
- YES NO Have you ever sprained an ankle that discolored or that required you to use crutches?
- YES NO Have you ever had surgery on one or both of your ankles?
- YES NO Have you ever been required to tape or wear a brace on one or both ankles?
- YES NO Do you have problems with shin splints?
- YES NO Are you prone to develop tendonitis? Where?
- YES NO Do you experience frequent muscle strains/pulls?
- YES NO Have you ever been told that your legs are not the same length?
- YES NO Do you wear orthotics in your shoes?
- YES NO Have you been advised **NOT** to participate in sports or other activities?
- YES NO **Females:** have you missed more than 2 periods this year?

Please explain any **YES** answers in the space below including dates:

The undersigned, herewith:

- 1- Understands that as a student athlete at UMass Dartmouth, there is a risk of being injured. The risk is inherent in all sports. I acknowledge that this risk of injury may be severe, including but not limited to the potential for fractures, dislocations, brain injuries, paralysis or even death;
- 2- Grants permission to the UMass Dartmouth Athletic Training personnel or agents to secure necessary and appropriate emergency and non-emergency medical care and permits the Student Health Services to share all health related information with the Athletic Trainers as seen appropriate;
- 3- Acknowledge that all information revealed on this document is true and accurate. No part of the medical history has been concealed or altered.

Signature: _____

Date: _____