The University of Southern Mississippi
Medical Questionnaire

In accordance with NCAA recommendations and to provide the most comprehensive medical care to possible incoming student athletes at the University of Southern Mississippi, please complete the following medical questionnaire. When answering the following questions, please think carefully about any and all problems that you have encountered over the course of your high school and/or junior college athletic career.

NAME: ____________________________ SPORT: ____________________________

DATE: ____________________________ HIGH SCHOOL: ____________________________

(Circle One)

1. Have you been hospitalized or had a major illness in the last four years? YES NO

2. Have you had an illness, injury, or surgery to the following areas (including dislocations, fractures, etc.):
   a. Head/Neck (including Stingers) YES NO
   b. Shoulder YES NO
   c. Elbow YES NO
   d. Wrist/Hand YES NO
   e. Hip YES NO
   f. Knee YES NO
   g. Foot/Ankle YES NO
   h. Spine/Back YES NO

3. Have you ever been knocked unconscious or suffered a concussion? YES NO

4. Do you have any injuries that are currently being rehabilitated? YES NO

5. Are you currently taking any medications? YES NO

6. Have you seen a doctor for any injury or illness in the last six months? YES NO

7. Have you been diagnosed with any allergies (medications, foods etc.)? YES NO

8. Have you been diagnosed with a heart murmur? YES NO

9. Do you wear contacts and/or eye glasses? YES NO

PLEASE EXPLAIN ALL QUESTIONS THAT YOU ANSWERED “YES” TO:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I certify that all of the answers to the questions above are to be correct and true.

Athlete’s Signature ____________________________ Date ____________________________