



Office of Health Services
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Annual Pre-Participation Athletic Medical History (To be completed yearly by students participating in sports)

Name: _____ Sport: _____

Chronic Illnesses: _____

Recent Acute Illnesses: _____

Past Hospitalizations: _____

Past Surgeries: _____

Past Injuries: _____

Allergies: _____
(Drug, Food, Environmental)

Medications: _____
(Over the counter, Prescription, Vitamins)

Prior limitations placed on sports participation: _____

THE NEXT 2 APPLY TO FEMALE ATHLETES ONLY:

Pregnancies: _____

Menstrual History: _____

(Age of menses, duration, frequency)

Check all that apply (Male and Female athletes):

- Previous concussion or loss of consciousness
- Syncope or near syncope with exercise
- Symptoms of exercise-induced bronchospasm
- Loss of paired organ function (eye, kidney, lung, testicle)
- Excessive fatigue
- Exertion chest pain
- Excessive exertion shortness of breath
- History of heat related illness
- History of cardiac disease or symptoms
- History of heart murmur
- History of high blood pressure
- Possible exposure to Tuberculosis (TB)
- Family history of sudden death (under age 50 from non-traumatic cause)
- Family history of heart disease
- Family history of Marfan syndrome

Signature: _____

Date: _____