MIDDLE TENNESSEE STATE UNIVERSITY SPORTS MEDICINE DEPARTMENT

HEALTH HISTORY AND PHYSICAL EXAMINATION FORM

Returning Student-Athletes

Instructions: (Please Read Carefully): This form is to review your health history since your last pre-participation physical examination or questionnaire. We are interested in knowing about any changes in your personal health in the past year. Please circle each question YES or NO. Please explain your answers when requested to do so.

Name:	Sex:	Birth Date:	Age:	Date:
Social Security #:		Year: (circle one) FR SO JR SR 5th		
Student M#:		Sport:		
Athlete's Cell Phone:		Academic Year:		
Home (Primary) Address: City/State/Zip:		Athlete's Local (Secondary) Address: City/State/Zip:		
Parent/Guardian Name(s):		Local Phone:		
Home Phone:		Alternate Phone (Mother/Father/Guardian):		
Emergency Contact Name:		Emergency Contact Phone #:		

1 Have you ever had a pre-participation physical examination at Middle Tennessee State University? Yes No

2 Do you have any congenital or chronic condition or injury that requires ongoing or periodic medical supervision, medication or other forms of therapy (e.g. diabetes, hepatitis, epilepsy, asthma)? **If yes, please describe condition and care:**_____ Yes No

_____

3 Are you presently taking any medication (s)? **If yes, please list and explain:**_____ Yes No

_____

4 Are you presently taking creatine? **If yes, how long?** Yes No

_____

5 Are you presently taking any nutritional supplement (s)? **If yes, please list.** Yes No

_____

6 Do you have any new allergies to medication(s) or other substances? **If yes, please list:**_____ Yes No

7 Since your last medical examination or questionnaire, have you experienced any of the following as a result of exercising or stopped exercising as a result of the same: Chest pain, irregular heartbeat, shortness of breath, dizziness, or fainting? **If yes, please explain:** Yes No

_____

_____

8 Have you sustained a head injury of any type/severity since your last physical examination/questionnaire? Yes No

9 Has any relative been diagnosed as having Hypertrophic Cardiomyopathy? Yes No

10 Have you ever passed out, fainted, or become very light headed or dizzy doing exercise? Yes No

11 Do you have frequent headaches? **If yes, please explain.** Yes No

_____

12 Have you suffered from any illness (other than cold/flu) or other conditions since your last physical examination/questionnaire (e.g. mono, hepatitis)? Yes No

13 Have you ever had any type of staph infection? Yes No

14 Please explain any musculo-skeletal injury (e.g. sprain, strain, fracture, dislocation,etc.) which has occurred *since your last physical examination/questionnaire* on the lines below and circle body part(s) involved_____ Yes No

_____

Shoulder	Yes	No	Neck	Yes	No	Knee	Yes	No
Elbow	Yes	No	Hip/Pelvis	Yes	No	Ankle	Yes	No
Wrist	Yes	No	Back	Yes	No	Foot	Yes	No
Hand	Yes	No	Upper Leg	Yes	No	Lower Leg	Yes	No

15 Have you received orthopedic surgery for any of the above bone, joint or muscle injuries? **If yes, please explain.** _____ Yes No

16 Have you recovered fully from any injury listed and returned to full participation? Yes No

17 Are you now wearing any type or orthosis or brace since your last examination/questionnaire? **If yes, please explain**. _____ Yes No

18 Was any injury listed above evaluated by the Sports Medicine Staff at Middle Tennessee State University? **If not, please explain**. Yes No

_____

19 Since your last physical examination/questionnaire, have you experienced any of the following: **If yes, please explain.**

_____

_____

a.	Unexplained weight loss or gain	Yes	No
b.	Abdominal pain/chronic diarrhea	Yes	No
c.	Wounds that do not heal	Yes	No
d.	Excessive urination	Yes	No
e.	Loss of paired organ	Yes	No
f.	Visual changes or injury to an eye	Yes	No
g.	Heat related problems (stroke, cramps, exhaustion)	Yes	No

20 Have you ever been hospitalized for any condition since your last physical examination/questionnaire? **If yes, please explain.** Yes No

_____

21 Have you had non-orthopedic surgery since your last physical? **If yes, please explain**_____ Yes No

22 Do you have any questions or other conditions not listed you would like to discuss or have evaluated by a team physician? Yes No

23 Is there any health reason why you should not participate in intercollegiate athletics? **If so, why?** Yes No

24 **FEMALES ONLY:** Have you missed any menstrual periods in the past year? **If yes, how many?** _____ Yes No

I verify that all the above information is accurate and complete. I understand that failure to disclose previous medical conditions may result in removal from the team and/or loss of athletic-related financial aid. Also, I understand that Middle Tennessee State University is not responsible for expenses related to pre-existing conditions.
Signature of Athlete: _____ **Date:** _____