

Northern Kentucky University Sports Medicine Medical History Questionnaire

Student-athlete name _____ Sport _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Instructions: When your reply is "yes," give date of injury or treatment. Indicate as accurately as possible the anatomical site of injury, left or right, plus any date you consider important. Use inside sheet if more space is needed for explanation.

Circle the appropriate answer:

General

1. Do you have any medical Condition which requires you to see a physician on a regular basis? _____ YES NO
2. Have you ever been hospitalized? _____ YES NO
3. Have you ever had surgery? _____ YES NO
4. Do you have any allergies? (bees, medicine, latex, etc.) _____ YES NO
5. Are you currently taking any medications or pills? _____ YES NO
Please list: _____
6. Are there any medical conditions in your family history? _____ YES NO

Cardiopulmonary Disease

7. Have you ever had chest pain during or after exercise? _____ YES NO
8. Have you ever passed out during or after exercise? _____ YES NO
9. Have you ever been dizzy during or after exercise? _____ YES NO
10. Do you tire more quickly than your friends during exercise? _____ YES NO
11. Have you ever had High Blood Pressure? _____ YES NO
12. Have you ever been told that you have a heart murmur? _____ YES NO
13. Have you ever had racing of your heart or skipped heartbeats? _____ YES NO
14. Has anyone in your family died of heart problems or a sudden death before age 50? _____ YES NO
15. Have you ever been treated for, or informed by a medical doctor that you have had, rheumatic fever or heart disease? _____ YES NO
16. Have you ever been treated for a condition or abnormality of the heart or circulatory system (e.g., Marfan's Syndrome)? _____ YES NO
If answer is "yes" please explain _____
17. Have you had any illness requiring bed rest of one week or longer during the past year? _____ YES NO
If so, give date and nature of illness _____

Head and Neck Injuries

18. Have you ever had a head injury? _____ YES NO
19. Have you ever been "knocked out", unconscious or experienced a concussion? _____ YES NO
If yes, give **all dates**: _____
20. If answer to Question 19 is "yes," did the attending physician require you to stay overnight in a hospital? _____ YES NO
If yes, give dates and details: _____
21. Have you ever had any injury to the neck involving nerves, vertebrae, or vertebrae discs that incapacitated you for a period of time? If answer is "yes," give dates: _____ YES NO
22. Have you ever had a seizure? _____ YES NO
23. Have you ever suffered a "burner" or "stinger"? Date of last injury: _____ YES NO

Eyes and Dental

24. Do you have a known vision impairment? If answer is yes, please describe impairment and correction (e.g., glasses, contacts, prosthetic eye, etc.): _____ YES NO
25. If you wear glasses, contact lenses or protective eye wear, do you wear them during athletic participation? _____ YES NO
26. Do you wear any dental appliance? _____ YES NO
If answer is "yes," circle appropriate appliance: permanent bridge, permanent crown or jacket, removable partial, full plate.
Other _____
27. Do you have any dead teeth? Please indicate approximate location of dead tooth or teeth: _____ YES NO

Bone and Joint

Instructions: Please give DATES and indicate LEFT or RIGHT (L/R) for any injuries listed below that you received during the past three years.

28. Have you ever been treated for or diagnosed with arthritis or other painful joint disease? If yes, explain _____ YES NO
29. Have you ever been treated for osteomyelitis or infection in a bone? _____ YES NO
30. Have you had a fracture or broken bone or stress fracture during the past two years? If answer is yes, indicate site of fracture, body part, L/R, and date: _____ YES NO
31. Have you ever had a bone graft or spinal fusion? _____ YES NO
If answer is "yes," indicate anatomical site, L/R, and date of surgery? _____

SHOULDER

32. Have you had a shoulder dislocation, separation, or other shoulder injury during the past two years that incapacitated you a week or longer? L / R _____ YES NO
33. Have you ever been advised to have surgery to correct a shoulder condition? L / R _____ YES NO
34. If answer to Question 32 is "yes," has the surgery been completed? Give date: _____ YES NO
35. Do you have a pin, screw, or plate somewhere in your body as a result of bone or joint surgery? L/R, body part: _____ YES NO

ELBOW

36. Have you experienced a severe sprain, dislocation, or fracture to either elbow during the past two years? _____ YES NO
If the answer is "yes," give date and location: _____

BACK

37. Have you ever had an injury to your back? _____ YES NO
If answer to above question is "yes," did you seek the advice or care of a medical doctor? _____ YES NO
38. Do you experience pain in your back? _____ YES NO
If answer is yes, indicate the frequency with which you experience pain by circling the appropriate answer:
very seldom occasionally frequently only during vigorous exercise or heavy lifting.
39. Do you think your back is weak? _____ YES NO

KNEE

40. Have you experienced a sprain during the past two years of either knee? L / R _____ YES NO
41. Have you ever been told you injured the ligaments of either knee joint? L / R _____ YES NO
42. Have you ever been told you injured the cartilage of either knee joint? L / R _____ YES NO
43. Have you ever been told you have a trick knee? L / R _____ YES NO
44. Have you ever been advised to have surgery on a knee to correct a condition? L / R _____ YES NO
If answer to above is "yes," has the surgery been completed? Give date: _____

ANKLE

45. Have you ever experienced a severe sprain of either ankle during the past two years? L/R _____ YES NO

Heat Illness

46. Have you ever had heat or muscle cramps? _____ YES NO
47. Have you ever been dizzy or passed out due to heat? _____ YES NO

Medical/Surgical/Medications

48. Have you ever experienced an epileptic seizure or seizure from any cause, or have you been informed that you might have epilepsy or any abnormality of the circulatory system of the brain? _____ YES NO
49. Have you ever been diagnosed as having sickle cell trait? _____ YES NO
50. Have you had hepatitis during the past three years? _____ YES NO
51. Have you been treated for infectious mononucleosis, virus pneumonia, or any other infectious disease during the past 12 months? Please list: _____ YES NO
52. Have you ever been treated for diabetes or been told you might have diabetes? _____ YES NO
53. Have you ever been told you have a hernia? L / R _____ YES NO
If you answered the above yes, has the hernia been surgically repaired? Give date _____ YES NO
54. Have you had any additional serious illnesses, injuries, or health problems, excluding communicable diseases? _____ YES NO
If answer is yes, indicate specific illness, operation, or health problem: _____

55. Have you had or regularly contract any skin diseases (ringworm, impetigo, etc.)? List diseases: _____ YES NO

56. Have you ever been diagnosed / treated for asthma or breathing problems? _____ YES NO
57. Are you currently on prescribed medications or drugs on a permanent or semi-permanent basis? _____ YES NO
If so, indicate name of drug and indicate why it was prescribed _____ YES NO
58. Have you been diagnosed with hypoglycemia or hyperglycemia? _____ YES NO
59. Are you currently taking dietary supplements? (vitamins, herbals, etc.) _____ YES NO
60. Have you ever experienced heat illness with sports activities? If "yes," please list dates and severity of heat illness: _____ YES NO
61. Have you ever had concerns about your weight and/or appearance? _____ YES NO
62. Have you ever been told you were anorexic or bulimic? _____ YES NO
63. When was your last tetanus shot? Date: _____
64. When was your last measles immunization? _____

Gynecology- females only

65. When was your first menstrual period? Date: _____
66. When was your last menstrual period? Date: _____

Medical information withheld, incomplete, or incorrect relieves the Northern Kentucky University from all medical/legal liability and may disqualify you from participation on any Northern Kentucky University athletic team.

I understand the above statement. The above questions have been answered completely and truthfully to the best of my knowledge.

Signature _____ Date _____