

NEW - Student Athlete Medical History Questionnaire

SUNY College at Brockport Department of Athletics and Health & Counseling

Name:	date of birth:	sex:	M	F
Banner or ID #	sport (s):			
Emergency contact name and #:				
Local address/dorm:		Cell or local phone #		

		Y	N	if YES, explain or list Information
1	Any family history of a heart attack or sudden death < 50yo?			
2	Any family history of Marfan's, long QT, or cardiomyopathy?			
3	Do you smoke?			# packs daily:
4	Have you ever had any illnesses such as:	Y	N	
	sickle cell anemia (trait or disease)			
	high or low blood pressure			
	heart problems (ie. murmur, palpitations or irregular heartbeat)			
	had an echocardiogram or EKG?			
	lung problems (ie. asthma) or have ever used an inhaler?			
	kidney problems (ie. infections, bruised, stone)			
	liver problems (ie. hepatitis)			
	mononucleosis (any complications)			
5	Any overnite hospitalizations or surgeries?			
6	Have you ever had a hernia or rupture?			
7	Have you ever had a concussion or head injury?			how many?
	Were you ever 'knocked out' from a head injury?			for how long?
8	Have you ever had (especially with exercise):	Y	N	
	difficulty breathing, wheezing or chest pain?			
	dizziness, lightheadedness or fainting?			
	heat exhaustion, heatstroke or other problem with heat?			
9	Any loss of use of a paired organ: eye, kidney or testicle?			which?
10	Have you ever had:	Y	N	list dates:
	any joint separations or dislocations?			
	any broken bones (fractures)?			
	any surgery to your neck, shoulder, back, knee or ankle?			
	any neck injury (disc, nerve or bone) that disabled you for > 1 wk?			
	any shoulder injury that disabled you for > 1 wk?			
	any back injury?			
	any knee injury?			
	any ankle injury?			
	a pin, screw or plate in your body?			
	any other orthopedic injury? (hand, wrist, arm, hip, etc)			
11	Any athletic trainer or physical therapist use this past year?			
12	Any other medical treatment in the past year?			
13	Do you have any current health condition (ie. pregnancy, ulcer)			
14	Have you ever used illicit substances? (ie. street drugs, steroids)			
15	Do you take any vitamins, herbs or supplements?			
16	Do you wear glasses or contacts during competition?			
17	Do you wear braces, a retainer or any dental appliance?			
18	What is your current conditioning status?			

Proceed to back of form

