MEDICAL HISTORY UPDATE (RETURNING STUDENT-ATHLETES ONLY)

(IN ADDITION TO MANDATORY PHYSICAL BY ALL ATHLETES)

University of California, Santa Cruz

Name: _____ Sport(s): _____ Year: FR SO JR SR GR

Student ID#: W _____

Local Address: _____

Street City, State & Zip Code

Cell Phone #: _____ Home Phone #: _____

Gender: M F Date of Birth: _____ Age: _____

Current Medication(s): _____

_____

Medical/Orthopedic history for PAST 12 MONTHS **Please answer all questions**

1. Have you had a concussion or been knocked out? (YES NO) When? _____
2. Have you had a head or neck injury? (YES NO) When? _____
3. Have you had a stinger, burner, or pinched nerve? (YES NO) When? _____
4. Have you had any problems with your eyes or vision? (YES NO) When? _____
5. Have you had trouble breathing during or after exercise? (YES NO) When? _____
6. Have you experienced chest pain, racing of your heart, or skipped heart beats? (YES NO) How Often? _____
7. Have you been diagnosed with any heart problems? (YES NO) When/What? _____
8. Have you have any problems in your abdomen? (YES NO) When/What? _____
9. Have you had any skin problems? (YES NO) When/What? _____
10. Have you had a seizure? (YES NO) When? _____
11. Have you had heat related illnesses? (YES NO) When/What?
12. Have you had any medical problems (asthma, mono, diabetes, etc.)? (YES NO) When/What? _____
13. Please explain if you have had sprained, broken, dislocation, or sustained injuries to the following body parts:

Please write N/A in the spaces below if it is not applicable

a. Back: _____
b. Chest: _____
c. Shoulder: _____
d. Elbow: _____
e. Arm: _____
f. Hand: _____
g. Wrist: _____
h. Hip: _____
i. Thigh: _____
j. Knee: _____
k. Lower Leg: _____
l. Ankle: _____
m. Foot: _____

14. Were the above injuries treated? (YES NO N/A)
15. Have you been using special equipment (brace, orthotics, etc)? (YES NO) What? _____
16. Have you been hospitalized? (YES NO) When/Why? _____
17. Have you had any surgeries? (YES NO) When/Site/Reason? _____
18. Do you have any illnesses or injuries NOW? (YES NO) What? _____

Females Only:

19. Most recent menstrual period: _____
    Longest time between period in the past year: _____

I Hereby state that to the best of my knowledge my answers to the above questions are complete and correct.

_____ _____

Student-Athlete Signature Date

Please keep a copy of these documents for your records.

Revised 6/2/11