

Emory & Henry College

Department of Athletic Training
Medical History Follow-Up

Year in College _____ Sports _____

Name (Last, First, Middle) _____

Home Address: _____

City, State Zip: _____ Home Phone: (____)____-____

Birthday: ____/____/____ Social Security Number: ____-____-____

Father's Full Name: _____ Living__ Deceased__

Father's Address: _____

Mother's Full Name: _____ Living__ Deceased__

Mother's Address: _____

Person to Notify in Case of Emergency: _____

Relationship: _____

Address: _____

Home Phone: (____)____-____ Work Phone: (____)____-____

Cell Phone: (____)____-____ Pager: (____)____-____

Primary Care Physician: _____

Address: _____

Phone Number: (____)____-____ Fax Number: (____)____-____

INSTRUCTIONS: Please circle YES or NO for each of the following questions. If you answer YES to any question, please provide further information about the question. Please be as thorough as possible when giving information about previous illnesses and injuries (i.e. body part, side of body, date of illness or injury, type of injury, etc.)

Family History – If you answer YES to any of the following questions, please list which family member is affected. Immediate family members are parents, grandparents, and siblings.

YES NO Have any members of your family ever been treated for or informed that they have heart disease?

YES NO Have any members of your family ever been treated for or been informed that they have diabetes (type I or type II)?

YES NO Have any members of your family ever been treated for or informed that they have cancer? If so, what type?

YES NO Have any members of your family ever been treated for or informed that they have high blood pressure (hypertension)?

YES NO Have any members of your family ever been treated for or informed that they have hyperthyroidism or hypothyroidism?

Disease and Illness

YES NO Have you ever experienced epileptic seizures or been informed that you might have epilepsy?

YES NO Have you ever had Hepatitis? If so, which strand?

YES NO Have you ever had mononucleosis? If so, when?

YES NO Have you ever had viral pneumonia? If so, when?

YES NO Have you ever had viral or bacterial meningitis? If so, when, and which type?

- YES NO Have you ever had Rheumatic Fever? If so, when?
- YES NO Have you ever had Scarlet Fever? If so, when?
- YES NO Have you ever been diagnosed with diabetes? If so, when, and which type?
- YES NO Have you ever been diagnosed with hypoglycemia? If so, when?
- YES NO Have you ever been diagnosed with a heart murmur? If so, do you still have the murmur?
- YES NO Have you ever been diagnosed with Mitral Valve Prolapse? If so, when?
- YES NO Have you ever been diagnosed with a heart arrhythmia? If so, when?
- YES NO Have you ever been diagnosed with Marfan's Syndrome?
- YES NO Have you ever had Chicken Pox, Small Pox, Measles, or Mumps? If so, which one and when?
- YES NO Have you ever been diagnosed with kidney disease? If so, when?
- YES NO Do you experience painful urination? If so, how often?
- YES NO Do you experience blood in your urine? If so, how often?
- YES NO Have you ever been diagnosed with an ulcer? If so, when?
- YES NO Have you ever been diagnosed with Gastroesophageal Reflux Disease (Acid Reflux)?
- YES NO Do you suffer from bronchitis? If so, how often?

- YES NO Have you ever been diagnosed with asthma? If so, when?
- YES NO If you answered YES to the pervious question, do you use an inhaler or daily medication to control your asthma? If so, what drug?
- YES NO Have you ever tested positive for tuberculosis? If so, when?
- YES NO If you answered yes to the above question, have you received INH Therapy?
- YES NO Have you ever lived outside of the United States? If so, where?
- YES NO Have you ever been diagnosed with a hernia? If so, where is/was its location and has it been repaired?
- YES NO Have you ever had hives?
- YES NO Do you have allergies?
a. Seasonal Environmental _____
b. Medications _____
c. Foods _____
d. Poison Oak or Ivy _____
e. Bee Stings _____
f. Insect Bites _____
- YES NO If you have allergies, do any require an Epi-Pen injection? If so, which ones?
- YES NO Do you suffer frequently from Strep Throat?
- YES NO Have you had any illness that required bed rest of a week or longer during the past year? If so, what was the illness?
- YES NO Have you ever had any form of cancer? If so, what form? When?

YES NO Do you have any other condition or illness that the athletic training staff should be aware of in order to provide adequate care?

Head and Neck Injuries

YES NO Have you been “knocked out” or experienced a concussion within the past three years? If so, when and how many times?

YES NO Have you ever been hospitalized with a head or neck injury? If so, when and how many times?

YES NO Have you ever had:

a. Jammed neck	YES	NO
b. Pinched nerve	YES	NO
c. Whiplash	YES	NO
d. Muscle strain in neck	YES	NO
e. “Burner” or “Stinger”	YES	NO

Eye and Dental

YES NO Do you wear eyeglasses? If so, do you wear them for competition?

YES NO Do you wear (circle one – hard or soft) contacts? If so, do you wear them for competition?

YES NO Have you ever been diagnosed with a retinal tear or detachment? If so, was it repaired?

YES NO Have you ever had LASIK or other vision correction? If so, when?

YES NO Do you wear any of the following dental appliances:

a. Permanent Bridge	YES	NO
b. Permanent Crown	YES	NO
c. Retainer	YES	NO
d. Removable Partial	YES	NO
e. Full Plate	YES	NO
f. Tooth implant	YES	NO
g. Braces (traditional or invisalign)	YES	NO

YES NO Have you ever been diagnosed with temporomandibular joint (TMJ) dysfunction?

Bone and Joint Injuries and Disorders

YES NO Have you ever fractured a bone? If so, when and which one(s)?

YES NO Have you suffered a serious muscle tear or strain? If so, when and which muscle(s)?

YES NO Have you ever suffered from a contusion to the muscle or bone? If so, when and which muscle(s) and/or bone(s)?

YES NO Have you ever suffered from severe muscle spasms? If so, when and which muscle(s) were affected?

YES NO Have you ever dislocated a joint? If so, when and which joint(s)?

YES NO Have you ever suffered a severe shoulder injury which caused you to miss any practice or games?

YES NO Have you ever been advised by a physician to have shoulder surgery to correct an injury? If so, for what injury?

YES NO Have you ever had shoulder surgery? If so, for what reason?

YES NO Have you ever suffered a severe sprain, dislocation, or fracture to either elbow?

YES NO Have you ever had tendonitis or a nerve injury involving your elbow?

YES NO Have you ever had surgery to correct a condition or injury to either elbow? If so, when and for what condition or injury?

- YES NO Have you ever suffered an injury to your lower back or spine?
- YES NO Have you ever been diagnosed with Scheuermann's Disease? If so, when?
- YES NO Have you ever been diagnosed with Scoliosis? If so, when?
- YES NO Do you ever experience Low Back Pain? If so, how often? (circle the appropriate response)
Very Seldom Occasionally Frequently Only with exercise
- YES NO Have you ever had surgery to correct a condition or injury to the back or spine? If so, when and for what condition or injury?
- YES NO Have you ever experienced a muscle strain to the muscles surrounding the knee? If so, which muscle(s)?
- YES NO Have you ever sprained or torn any ligaments in the knee? If so, when and which ligament(s)?
- YES NO Have you ever damaged the cartilage or menisci of either knee? If so, when and what specific injury?
- YES NO Have you ever dislocated your patella (kneecap)? If so, when and how many times?
- YES NO Have you ever been diagnosed with Osgood-Schlatter's Disease?
- YES NO Have you ever been advised by a physician to have surgery to correct a knee condition or injury? If so, for what condition or injury?
- YES NO Have you ever had surgery to correct a condition or injury to either knee? If so, when and for what condition or injury?

YES NO Have you ever experienced a severe sprain of either ankle that caused you to miss any practices or games?

YES NO Have you ever had surgery to correct a condition or injury to either ankle? If so, when and for what condition or injury?

YES NO Do you have a pin, plate, screw, or rod anywhere in your body as a result of surgery to correct an injury to a bone or joint? If so, which appliance, and for what injury?

YES NO Do you require taping of any joint for practice and games? If so, for what joint?

YES NO Do you wear any special braces or orthopedic appliances during practices and games? If so, for what body part?

YES NO Do you have any other orthopedic condition or injury that the athletic training staff needs to be aware of in order to provide adequate care?

All the above questions have been answered completely and truthfully to the best of my knowledge.

Athlete's Printed Name

Athlete's Signature

Date

Athletic Trainer's Signature