

Emory & Henry College Athletic Training Medical History Follow-Up

Date: _____ Year in School: _____ Sport(s): _____

Name: _____
Last First Middle

Sex: _____ Age: _____ Birthdate: _____ SSN: _____ - _____ - _____

School Address: _____ School Phone: _____

Home Address: _____

Home Phone: _____ E-mail: _____

When were you last given health clearance to participate in athletics by the Emory & Henry College Athletic Training Staff? _____ (month, year)

Circle the Appropriate Answer:

YES NO 1.) Have you been hospitalized since you were last given health clearance by the Athletic Training Staff? **If yes, when?** _____

YES NO 2.) Have you experienced an injury to your bones, joints, or muscles since you were last given health clearance by the AT Staff? **If yes, indicate site and nature of injury.** _____

YES NO 3.) Have you recently developed any known allergies or medical condition? If so, do you require medication? Allergy/Condition _____
Medication(s): _____

YES NO 4.) Have you experienced any illnesses requiring the services of a physician since you were last given health clearance by the Athletic Training Staff? If so, explain. _____

YES NO 5.) Have you received any recent immunizations? If so, identify : _____

YES NO 6.) Have you recently experienced any significant change in weight? If so, explain _____

YES NO 7.) Are you currently taking any medications, vitamins, or supplements not listed above? If so, identify: _____

Athletic Trainer's Signature

Athlete's Signature