

LEWIS UNIVERSITY

Club Sports

HEALTH HISTORY FORM

To be completed by all club sport members by September 15th.

If a team plans to practice before this date, this form **must** be turned in before the first practice.

NAME: _____ SS#: _____ CLUB: _____

Please answer all questions by circling YES or NO. Explain any "yes" answers to the below questions in the space provided at the bottom of this page.

| DISEASE AND ILLNESS | BONES AND JOINTS CONTINUED |
|---|---|
| 1. Have you ever experienced an epileptic seizure or been informed that you might have epilepsy? YES NO | 22. Have you ever had an injury to your back? YES NO |
| 2. Have you had hepatitis during the past three years? YES NO | 23. If answer to Question 22 is Yes, did you seek advice or care of a medical doctor? YES NO |
| 3. Have you been treated for infectious mononucleosis virus pneumonia or any other infectious disease during the past twelve months? YES NO | 24. Do you experience pain in the back? If so, indicate the frequency by circling one of the following: Very Seldom, Occasionally, Frequency, Only After Vigorous Exercise YES NO |
| 4. Have you ever been treated for diabetes? YES NO | 25. Do you think your back is weak? YES NO |
| 5. Have you ever been treated or informed by a medical doctor that you have had rheumatic fever? YES NO | 26. Have you experienced a strain of either knee with severe swelling accompanying the injury? YES NO |
| 6. Have you ever been treated or informed by a medical doctor that you have had scarlet fever? YES NO | 27. Have you ever been told that you injured the ligaments of either knee joint? If answer to Question 22 is Yes, did you seek advice or care of a medical doctor? YES NO |
| 7. Have you ever been told that you have a heart murmur? YES NO | 28. Have you ever been told that you injured the cartilage of either knee joint? YES NO |
| 8. Have you had any illness requiring bed rest of one week or longer during the past twelve months? If so, give date and nature of illness. YES NO | 29. Have you ever been told that you have a "trick knee"? YES NO |
| HEAD AND NECK INJURIES | 30. Have you ever been advised to have surgery to a knee to correct a condition? YES NO |
| 9. Have you ever been "knocked out" or experienced a concussion during the past three years? Give dates. YES NO | 31. If answer to Question 30 is Yes, has the surgery been completed? Give dates. YES NO |
| 10. If answer to Question 9 is Yes, have you been "knocked out" more than once? Give dates. YES NO | 32. Have you ever experienced any sprain in either ankle? YES NO |
| 11. If answer to Question 9 or 10 is Yes, did the attending physician have you stay overnight in the hospital? YES NO | 33. Do you have a pin, screw, or plate somewhere in your body as a result of bone or joint surgery? If so, indicate the anatomical site and give date of surgery. YES NO |
| 12. Have you ever had a jammed neck, pinched nerve, whiplash, or severe headaches? Give dates and details. YES NO | GENERAL MEDICAL DATA |
| 13. Do you wear glasses? YES NO | 34. Have you had any operations? If so, indicate anatomical site of operation and give date. YES NO |
| 14. Do you wear contact lenses? YES NO | 35. Have you had any additional illnesses or injuries not mentioned above? If so, indicate specific illness or operation YES NO |
| 15. If answer to Question 13 or 14 is Yes, do you wear them during athletics? YES NO | 36. Have you ever been advised by a medical doctor not to participate in sports? If so, for what reason? YES NO |
| 16. Do you wear any dental appliance? If Yes, circle the appropriate appliance: Permanent Bridge, Permanent Crown or Jacket, Removable Partial, Full Plate YES NO | 37. Are you currently on prescribed medications or drugs? If so, indicate name of drug and why it was prescribed. YES NO |
| BONE AND JOINT | 38. Do you have any allergies? If so, please list them. YES NO |
| 17. Have you ever had a fracture? If so, indicate anatomical site YES NO | 39. Are you allergic to any general medication (ex: aspirin, sulfa, penicillin, etc.)? If so, please list them. YES NO |
| 18. Have you had a shoulder injury that incapacitated you? YES NO | 40. Are you prone to any conditions in athletics or sports (blisters, shin splints, etc.)? If so, indicate which conditions. YES NO |
| 19. Have you ever been advised to have surgery to correct a shoulder condition? YES NO | |
| 20. If answer to Question 19 is Yes, has the surgery been Completed? Give date. YES NO | |
| 21. Have you ever experienced any sprain, dislocation, or fracture to either elbow? If so, give date. YES NO | |

Explain Questions As Required (Please Write On The Back If Needed)

I declare that I am free from disabling injuries that would limit my participation in sport club activities and athletics. All medical problems and injuries have been declared.

Print Name: _____ Date: _____

Signature: _____