



# GREATER CABARRUS ATHLETIC ASSOCIATION

Encouraging Christian Character, Ethics, and Leadership through Athletics



## STALLIONS CROSS COUNTRY 20\_\_



### MEDICAL HISTORY QUESTIONNAIRE

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ - \_\_\_\_ - \_\_\_\_ GENDER: M \_\_\_\_ F \_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ HM PH (\_\_\_\_) \_\_\_\_\_ CELL PH (\_\_\_\_) \_\_\_\_\_

PLEASE CIRCLE "NO" OR "YES" AND PROVIDE ADDITIONAL DETAILS WHERE REQUESTED ON BOTH SIDES OF THIS FORM. ALL INFORMATION WILL BE CONFIDENTIAL.

- 1) Are you allergic to any medication (aspirin, penicillin, sulfa, etc)? **NO**\_\_ **YES**\_\_ (list) \_\_\_\_\_
- 2) Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, birth control pills, Anti-inflammatories, antibiotics, etc.)? **NO**\_\_ **YES**\_\_ (List and give reason) \_\_\_\_\_
- 3) Have you ever had an epileptic seizure **NO**\_\_ **YES**\_\_
- 4) Have you ever been told by a doctor that you have epilepsy **NO**\_\_ **YES**\_\_ (List medication) \_\_\_\_\_
- 5) Have you ever been treated for diabetes? **NO**\_\_ **YES**\_\_
- 6) Have you ever been told by a doctor that you were anemic **NO**\_\_ **YES**\_\_ When? \_\_\_\_\_
- 7) Have you ever been told by a doctor that you have sickle cell anemia? **NO**\_\_ **YES**\_\_
- 8) Do you or have you ever had high blood pressure? **NO**\_\_ **YES**\_\_ (List medication) \_\_\_\_\_
- 9) Do you or have you ever had the following diseases?
  - a. **NO**\_\_ **YES**\_\_ (give date) \_\_\_\_\_ heart disease (heart murmur, rheumatic fever)
  - b. **NO**\_\_ **YES**\_\_ (give date) \_\_\_\_\_ lung disease (pneumonia)
  - c. **NO**\_\_ **YES**\_\_ (give date) \_\_\_\_\_ kidney disease (infectious)
  - d. **NO**\_\_ **YES**\_\_ (give date) \_\_\_\_\_ liver disease (mononucleosis, hepatitis)
- 10) Do you or have you ever been told by a doctor that you have asthma? **NO**\_\_ **YES**\_\_ (list medication) \_\_\_\_\_
- 11) Do you or have you ever had a hernia or "rupture"? **NO**\_\_ **YES**\_\_ Has it been repaired \_\_\_\_\_ Date \_\_\_\_\_
- 12) Have you ever been "knocked out" (unconscious) in the past 3 years? **NO**\_\_ **YES**\_\_ (list dates) \_\_\_\_\_
- 13) Have you had a concussion or other head injury in the past 3 years? **NO**\_\_ **YES**\_\_ (list dates) \_\_\_\_\_
- 14) Have you stayed overnight in a hospital due to a head injury? **NO**\_\_ **YES**\_\_ (list dates) \_\_\_\_\_
- 15) Do you wear glasses or contacts during competition? **NO**\_\_ **YES**\_\_
- 16) Have you had a broken bone or fracture in the past 2 years? **NO**\_\_ **YES**\_\_ R \_\_\_\_ or L \_\_\_\_  
What bone(s) \_\_\_\_\_ Dates \_\_\_\_\_
- 17) Have you ever had shoulder surgery? **NO**\_\_ **YES**\_\_ R \_\_\_\_ or L \_\_\_\_ What was done & why? \_\_\_\_\_ Date \_\_\_\_\_
- 18) Have you ever injured your back? **NO**\_\_ **YES**\_\_ Type of Injury \_\_\_\_\_ Date \_\_\_\_\_
- 19) Have you injured your knee in the past two years? **NO**\_\_ **YES**\_\_
- 20) Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? **NO**\_\_ **YES**\_\_ R \_\_\_\_ or L \_\_\_\_
- 21) Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? **NO**\_\_ **YES**\_\_ R \_\_\_\_ or L \_\_\_\_ Date \_\_\_\_\_
- 22) Have you ever had knee surgery **NO**\_\_ **YES**\_\_ R \_\_\_\_ or L \_\_\_\_ What was done? \_\_\_\_\_ Date \_\_\_\_\_
- 23) Have you had a severe ankle sprain in the past 2 years? **NO**\_\_ **YES**\_\_ R \_\_\_\_ or L \_\_\_\_
- 24) Do you have a pin, screw, or plate in your body **NO**\_\_ **YES**\_\_ Where in your body? \_\_\_\_\_ Date \_\_\_\_\_
- 25) Do you have other conditions that we should be aware of (i.e ulcers, pregnancy, food or insect allergies, tendinitis, etc.)? **NO**\_\_ **YES**\_\_  
(specify and give details) \_\_\_\_\_
- 26) **DATE OF YOUR LAST IMMUNIZATION:** Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Measles \_\_\_\_\_

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE:

Athlete's Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_