



NORTHWEST COLLEGE – MEDICAL HISTORY & PERSONAL DATA QUESTIONNAIRE

Name (Print) _____ Exam Date _____
(First, Middle Initial, Last)

Date of Birth ____/____/____ Class Fr So 3rd Sport _____

Medications & Allergies: Please list all prescription, over-the-counter medicines, and supplements (herbal and nutritional) that you are currently taking.

Medications: _____

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Do you carry an Epi-Pen? Yes No
 Medicines Pollens Food Stinging Insects

Reaction: _____

Instructions: Explain "Yes" answers in Explanation Section. Circle questions you don't know the answer to. Please indicate the questionnaire number, site of injury/illness, left/right, Dr's name, facility of care, and other information that may be important.

Gen Medical History If yes, (Answer in Explanation Section), what surgery (body part); when (month/year); Dr's name; where (facility or hospital/city); did you do rehabilitation; any ongoing problems?

- Yes No 1. Has a doctor ever denied or restricted your participation in sports for any reason?
- Yes No 2. Do you presently have an unrepaired hernia?
- Yes No 3. Do you have an ongoing medical conditions? (Asthma, hypoglycemia, diabetes, von Willebrand's disease)? (Answer in Explanation Section) If yes, what medicines do you take, what form (pills, injection), dosage, and at what frequency?
- Yes No 4. Have you ever spent the night in a hospital?
- Yes No 5. Have you ever had surgery?

Viral Illness

Yes No 6. Have you ever had or currently have any viral infections? (Infectious Mono, Hepatitis, Herpes, etc.)

Dermatologic Conditions

Yes No 7. Do you have or have you ever had any rashes, skin infections, or other skin conditions? (Ringworm, Staph, Impetigo, etc.)

Allergies & Asthma

- Yes No 8. Has a doctor ever told you that you or anyone in your family have/has allergies or asthma?
- Yes No 9. Do you cough, wheeze, or have difficulty breathing during or after exercise?
- Yes No 10. Have you ever used an inhaler or taken asthma medicine?
- Yes No 11. Have you gone to the hospital because of asthma during the past year?

Cardiovascular Problems

- Yes No 12. Have you ever passed out or nearly passed out DURING or AFTER exercise?
- Yes No 13. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Do you get lightheaded or feel more short of breath than expected during exercise?
- Yes No 14. Does your heart race or skip beats (irregular beats) during exercise?
- Yes No 15. Has a doctor ever told you that you have high blood pressure, high cholesterol, Kawasaki disease, a heart murmur, or a heart infection?
- Yes No 16. Has a doctor ever ordered a test for your heart? (i.e. ECG/EKG, echocardiogram)
- Yes No 17. Do you get more tired or short of breath more quickly than your friends during exercise?
- Yes No 18. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?
- Yes No 19. Does anyone in your family have heart disease, pacemaker, implanted defibrillator, or other heart conditions? (i.e. Hypertrophic Cardiomyopathy, Dilated Cardiomyopathy, Long QT Syndrome, Marfan Syndrome)

Paired Organs

Yes No 20. Were you born without or are you missing a paired organ or any other organ? (Kidney, eye, testicle, lung)

Musculoskeletal Injury If yes, (Answer in Explanation Section) when (month/year) was your injury; what body part was injured; seen by a Dr.; did your injury require surgery?

Yes No 21. Have you ever had an x-ray for a neck injury?

- Yes No 22. Have you had persistent upper or lower back pain, current pain, and/or swelling?
 Yes No 23. Do you regularly use an orthopedic brace or assistive device?
 Yes No 24. Have you ever had to miss practices or games because of an injury (i.e., sprain, muscle or ligament tear, tendinitis, etc.)?
 Yes No 25. Have you had any fractures, stress fractures, or dislocated joints?
 Yes No 26. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, a brace, a cast, or crutches?
 Yes No 27. Do you have limited motion in any joints or do your joints become painful, swollen, feel warm or look red?
 Yes No 28. Do you have any history of juvenile arthritis or connective tissue disease?

Neurologic Conditions

- Yes No 29. Have you ever had a head injury or concussion? *If yes, (Answer in Explanation Section) when (month/year); did you finish the game or practice; did you see a doctor; did you have tests (i.e., x-ray, CT); were you hospitalized?*
 Yes No 30. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?
 Yes No 31. Have you ever had an unexplained seizure?
 Yes No 32. Have you ever had an epileptic seizure or been informed that you might have epilepsy?
 Yes No 33. Do you have headaches with exercise? *If yes, frequency, location, migraines, meds*
 Yes No 34. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
 Yes No 35. Have you ever been unable to move your arms or legs after being hit or falling?

Heat Illness

- Yes No 36. Have you ever suffered from heat illness (cramping, exhaustion, stroke)? *If yes, (Did you vomit, faint, go to Emergency Room, receive an IV)?*
 Yes No 37. Do you get frequent muscle cramps when exercising?

Sickle Cell Trait or Disease

- Yes No 38. Have you been tested for sickle cell trait or disease?
 Yes No 39. Has a doctor told you that you or a family member has sickle cell trait or disease?
If yes, circle: Anemia or Trait or I Do Not Know

Ears & Hearing

- Yes No 40. Have you had any problems with your ears or hearing? *(Repeat infections, injuries, etc.)*

Eyes & Vision

- Yes No 41. Have you had any problems with your eyes or vision? *(Needed corrections, infections, injuries, etc.)*
 Yes No 42. Do you wear glasses, contact lenses, protective eyewear – goggles, or face shield?

Nutritional Concerns

- Yes No 43. Are you happy with your weight?
 Yes No 44. Are you trying to gain or lose weight?
 Yes No 45. Has anyone recommended you change your weight or eating habits?
 Yes No 46. Have you ever had an eating disorder?

General Concerns

- Yes No 47. Do you have any concerns that you would like to discuss with a doctor?

Female Athletes Only

48. How old were you when you had your first menstrual period? _____
 49. How many periods have you had in the last 12 months?
 Yes No 50. Do you take birth control medicine? *(If yes, name; oral, inject, IUD)?*

Explain “Yes” answers here: Indicate Number, try to give as much information as possible:

NORTHWEST COLLEGE – EMERGENCY CONTACT INFORMATION

Name (Print) _____ Email _____
(First, Middle Initial, Last)

Local Address _____ Cell Phone _____

Birth Date ____/____/____ Age ____ Sex M/F Class Fr So 3rd

Parent / Guardian Contact Information In Case of Emergency

Father / Guardian

Mother / Guardian (if different)

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Phone _____

Is This Your Permanent Address _____

Is This Your Permanent Address _____

PERSONAL HEALTH INSURANCE

I do have an active health insurance policy. _____

I do not have an active health insurance policy. _____

PLEASE PROVIDE A COPY OF YOUR HEALTH INSURANCE CARD, FRONT & BACK.

EMERGENCY INFORMATION TO BE GIVEN AS NECESSARY

Medications & Allergies: *Please list all prescription, over-the-counter medicines, and supplements (herbal and nutritional) that you are currently taking.*

Medications: _____

Do you have any allergies? Yes No *If yes, please identify specific allergy below.*

Do you carry an Epi-Pen? Yes No
 Medicines Pollens Food Stinging Insects

Reaction: _____

PERMISSION TO PROVIDE EMERGENCY MEDICAL CARE AGREEMENT

I hereby give permission for myself or my son/daughter (if minor), (Print Name) _____, to undergo emergency care and/or medical treatment for any injury or illness sustained, acquired, or aggravated while engaged in athletic activity. I understand that the athletic training personnel of Northwest College will perform only those procedures within their training, credentials, and scope of professional practice to prevent, treat, and rehabilitate injuries or illnesses. I acknowledge that no guarantees have been made as to the result of the examination and/or treatment.

I hereby give permission for the Athletic Training Personnel of Northwest College to communicate directly with one or both of my parents / guardians regarding the medical care I am provided, according to the HIPAA Act.

Signature _____

By signing below I acknowledge this form has been filled out completely and honestly.

Student Signature _____

Date _____

Parent Signature *(if under 18)* _____

Date _____

NORTHWEST COLLEGE - ASSUMPTION OF RISK & PERSONAL INSURANCE

There are many benefits afforded to student-athletes participating in intercollegiate athletics program at Northwest College. Within the activities, it must be understood there are dangers that may lead to injury of student athletes. Therefore, the purpose of this notice is to make all student-athletes aware that dangers do exist and participation is voluntary with the understanding risks are involved. The student-athlete/parents must understand that Northwest College carries an "Accident Only" secondary health insurance policy for student-athletes. This policy has no deductible and a \$20,000 maximum limit. This cost is included in the student's tuition and fees. This policy is not meant to cover the entire costs of an athletic injury, nor is it guaranteed coverage. It is highly recommended that student-athletes/parents purchase their own health insurance to cover illness or injury that may occur while participating in intercollegiate athletics.

It is to be further understood, student athletes must share in the responsibility for their own safety and the safety of others as each participates in the intercollegiate athletics programs for Northwest College. The student athlete participating in the intercollegiate athletics program could mildly, moderately, or severely injure the anatomy in one or several of the following: muscles, tendons, ligaments, bones, nerves, skin, teeth, and any of the vital organs. Catastrophic injuries or death and permanent paralysis may also occur during sports participation even when proper rules and techniques are followed to the fullest extent. There is not an absolute preventative against any of the mentioned potential injury sites.

By signing below it is acknowledged that the student-athlete / parents have read this assumption of risk statement and are aware there is a possibility you may suffer mild, moderate, or severe injuries including paralysis or death due to participation in intercollegiate athletic activities. You further acknowledge any injury incurred may cause lifelong disability to joints, muscles, ligaments, tendons, nerves, or any vital organs. In consideration of Northwest College permitting me to participate in intercollegiate athletics and engage in activities related to my sport, I hereby voluntarily assume all risks associated with participation and agree to exonerate, and release Northwest College, its agents, servants, trustees, and employees from any and all liability and medical expenses.

REPORTING CONCUSSIONS, ILLNESS, AND INJURIES

The student-athlete accepts the responsibility for reporting their illness and injuries to the Northwest College Sports Medicine staff, including signs and symptoms of concussions.

Before you are approved for participation, you are required to sign below acknowledging the above statements.

Print Student Athlete's Name

Birth Date

Student Athlete's Signature

Date

Parent/Legal Guardian (If athlete is under 18)

Date

2nd Year
Signature: _____

Date: _____

3rd Year
Signature: _____

Date: _____