

Athlete Medical History

Last Name _____ First _____ MI _____ DOB _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____

Parent Employer _____ Work Phone () _____

Address _____ City _____ State _____ Zip _____

Health History: It is important that you report accurate and complete information about your medical history and overall condition.

Have you or any of your family members (i.e. brothers, sisters, mother, or father), had any of the following conditions:

	Self	Family		Self	Family
Asthma	___	___	Hypertension	___	___
Pneumonia	___	___	Heart Condition	___	___
Pleurisy	___	___	Angina	___	___
Dizziness	___	___	Heart Murmur	___	___
Rheumatic Fever	___	___	Arthymia	___	___
Diabetes	___	___			

Have you undergone any surgery? Yes ___ No ___

If yes, please attach a copy of your current medical report and list the surgery(s) and date(s) performed:

Are you currently taking any medications? Yes ___ No ___

If yes please list the medications and the reason(s) for taking them:

Have you ever been advised by a physician to avoid any type(s) of exercise? If yes, please explain:

Have you undergone any physical therapy or extended treatment for any injury? If yes, please explain:

Are there any other health or orthopedic conditions (hand, wrist, elbow, shoulder, ribs, back, hips, knees, ankles, or feet) which might limit your participation in any of the Sports Enhancement Center programs? Please explain:

Will You be involved in an outside weight training program when training at SEC? Yes No

Will You be competing or training in a sport when training at SEC? Yes No

If so what sport, how often, and for how long?

Emergency Information:

Spouse's Name: _____ Work # _____ Home# _____

Relative /Neighbor: _____ Work # _____ Home# _____

Signature of client

Date

Signature of Parent/Guardian
(If participant is under 18)

Date