

Clark University Sports Medicine

Annual Student-Athlete Health Questionnaire

Name _____ Today's Date _____
 Sport _____ Date of Birth _____
 Year of Graduation _____ Home Telephone # _____
 Blood Pressure _____ Pulse _____ Height _____ Weight _____

(Please answer the following questions as accurately and as up-to-date as possible.)

General:

1. Have you been hospitalized, had a major injury, illness, surgery or been under the care of a physician within the last year? Explain: _____ Yes No
2. Are you currently ill in any way? Explain: _____ Yes No
3. Do you currently have any incompletely healed injuries? Explain: _____ Yes No
4. Do you have epilepsy or have you ever had a seizure of any sort? Explain: _____ Yes No
5. Have you ever been treated for diabetes? Explain: _____ Yes No
6. Do you have a history of a heart condition including a murmur or palpitations? Explain: _____ Yes No
7. Do you have high blood pressure? Explain: _____ Yes No
8. Have you ever had a concussion? How many times? Explain: _____ Yes No
9. Have you ever suffered from any of the following: frequent nosebleeds, sinus problems, nasal blockage? Yes No
10. Do you suffer from any respiratory ailments such as asthma, bronchitis, tuberculosis, emphysema, etc? Yes No
If yes, what type? _____
11. Do you have any menstrual problems? Explain: _____ Yes No
12. Have you ever had any fainting spells associated with exercise or otherwise? _____ Yes No
13. Do you have vision in both eyes? Explain: _____ Yes No
14. Do you wear glasses or contact lenses? _____ Yes No
If yes, do you wear them during athletic activity? _____ Yes No
15. Do you presently have any dental problems or wear any dental appliances? _____ Yes No
If yes, what? _____
16. Are you currently on any medically prescribed diet? Explain: _____ Yes No
17. Is your desired weight different from your current weight? Explain: _____ Yes No
18. Do you have any allergies? Explain: _____ Yes No

Bone and Joint:

19. Do you require any sort of protective bracing for playing sports? Explain: _____ Yes No
20. Specific Injuries: Please complete the chart below. Indicate under type if you have had a sprain, strain, fracture, stress fracture, dislocation, subluxation, bursitis, tendonitis, etc.

Area	Ever Injured?	# of times?	Most recent date?	Kept out of activity?	How long?	Saw Doctor?
Ankle						
Knee						
Back						
Shoulder						
Shin/Calf						
Foot						
Head						
Neck						
Thigh						
Hip/Pelvis						
Abdomen						
Ribs						
Elbow						
Wrist/Hand						

21. Do you feel you have prepared your body for the rigors of your sport? _____ Yes No
22. Do you have any other medical conditions, or special concerns that you believe Clark University Sports Medicine should be aware of? Explain: _____ Yes No

I have answered the above questions to the best of my knowledge.

SIGNATURE OF STUDENT-ATHLETE

DATE

Clark University Sports Medicine

The Undersigned, Herewith

- A. Understands that he or she must refrain from practice or play while injured or ill, whether or not receiving medical treatment and during medical treatment until he or she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continued treatment.
- B. Understands that he or she must have a complete physical examination by a physician within 6 months of the first practice of the first year of participation and having passed the physical examination does not necessarily mean that he or she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him or her at the time of said examination.
- C. Gives permission for emergency surgery or routine medical treatment of any major or minor injury or illness. Reasonable effort to contact parents or guardians will always be made.
- D. Understands that participation in any sport requires an acceptance of risk of injury, and he or she is responsible for learning the specific risks inherent to his or her sport.

STUDENT-ATHLETE SIGNATURE

DATE

PARENT SIGNATURE (If under 18 y/o)

DATE

Authorization To Release Medical And Treatment Information

The "Health Insurance Portability and Accountability Act of 1996" (HIPAA) was enacted by Congress to protect patients' privacy and confidentiality regarding information pertaining to their medical condition. The law states, in part, that Protected Health Information, referred to as "PHI", may only be released with the consent of the patient.

In the course of providing proper medical care and treatment to injured varsity athletes, the Sports Medicine Department at Clark University often needs to share information relating to an injured athlete with the following entities: the athletic director, coaches, parents, doctors, medical personnel, insurance brokers and companies, the University's Student Health Services Office, the Sports Information Office, and on occasion the media. The only information, however, that will be shared is that medical and/or treatment information that relates to injuries incurred by a varsity athlete while participating in varsity sports while playing for Clark University.

Given the need to share medical information pertaining to injured athletes, the University requires that all varsity athletes authorize the University, on an annual basis, to share pertinent medical information, when necessary, with the specific entities and offices listed above. It is therefore necessary, in order to be eligible to participate in varsity sports at Clark University, to provide your signature below.

I have read and understand the above information.

STUDENT-ATHLETE SIGNATURE

DATE

PARENT SIGNATURE (If under 18 y/o)

DATE

This form must be signed annually in all 3 places