ATHLETE'S NAME

(CIRCLE APPROPRIATE SPORT)

MEN'S CROSS COUNTRY WOMEN'S CROSS COUNTRY MEN'S SOCCER WOMEN'S SOCCER

PLEASE COMPLETE THIS HEALTH HISTORY INFORMATION

HAVE YOU: YES NO

1. Had injuries requiring medical attention?

2. Had any head or neck injuries?

3. Had any illness lasting more than one week?

4. Had any surgery?

5. Been under a doctor's care in the last month?

6. Any allergies or drug reactions?

7. Had any chronic health problems?

8. Been in the hospital? (except for tonsillectomy)

9. Do you wear glasses or contacts?

10. Are you on medication at this time? Explain any YES answers here.

PHYSICAL EXAMINATION - To be completed by Physician

HEIGHT _______ WEIGHT _______ BLOOD PRESSURE _______

PULSE _______ ENT _______ HEART _______

CHEST/LUNGS _______ ABDOMEN _______ HERNIA _______

MUSCULOSKELETAL _______ URINE _______ HGB/HCT _______

NEUROLOGICAL _______ SKIN _______ _______

Are there any restrictions placed on this athlete?

Is this athlete physically able to participate in Interscholastic competition? YES NO

Additional comments:

GENERAL CONDITION: Excellent _____ Good _____ Fair _____ Below Average _____

Date _______________________________ Physician's Signature _______________________________
SCOTT COMMUNITY COLLEGE DISTRICT
DEPARTMENT OF ATHLETICS

PHYSICAL EXAMINATION - EMERGENCY INFORMATION

NAME ___________________________ AGE ____ DATE OF BIRTH __________

HOME ADDRESS _______________________________________________________

PARENT'S NAME _______________________________________________________

TELEPHONE NUMBER: __________________________________________________

IN AN EMERGENCY PLEASE NOTIFY:
1. ________________ RELATIONSHIP __________ PHONE __________
2. ________________ RELATIONSHIP __________ PHONE __________

FAMILY PHYSICIAN ______________________________ PHONE __________

HOSPITAL ______________________________ PHONE __________

DENTIST ______________________________ PHONE __________

INFORMATION (PLEASE READ)

I give my permission for the Athletic Trainer to give me treatment at any athletic event.

I am aware that participating in athletics may involve risks of injury, and that participation may result in catastrophic injury or death.

I recognize the importance of following the coaches instructions regarding playing techniques, training, and other team rules, and agree that I should obey such instructions.

DATE ___________________ ATHLETE'S SIGNATURE ____________________