Concordia College
Sports Medicine
Health History Form – Returning Student-Athletes

Please use BLUE or BLACK ink to complete the form.

NAME: __________________________________________  GENDER: Male or Female

DATE OF BIRTH: ____/____/____  YEAR: SO  JR  SR  5TH

SPORT(S): __________________________________________

MEDICAL CONCERNS

YES  OR  NO  1. Did you have any serious illness or sports injury in the last 12 months?
    If yes, explain: ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________

YES  OR  NO  2. Are you currently taking any medications? If yes, explain:
    ______________________________________________________________
    ______________________________________________________________

YES  OR  NO  3. Do you have any known allergies? If yes, explain:
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________

ORTHOPAEDIC HISTORY
(Injuries in the last 12 months)

1. Head Injuries  YES  OR  NO  7. Hand, wrist, finger  YES  OR  NO
2. Neck  YES  OR  NO  8. Pelvis/Hip  YES  OR  NO
3. Back  YES  OR  NO  9. Thigh  YES  OR  NO
4. Shoulder  YES  OR  NO  10. Knee  YES  OR  NO
5. Arm  YES  OR  NO  11. Lower Leg  YES  OR  NO
6. Elbow  YES  OR  NO  12. Ankle  YES  OR  NO
13. Foot/Toe  YES  OR  NO

Please describe “yes” answers from the above: ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________

The above statements are true to the best of my knowledge. I understand that my participation in intercollegiate athletics at Concordia College entails inherent risks. I give consent, where appropriate, to members of the athletic training staff, health services staff, and team physician to examine records or be in consultation concerning examination and/or treatment of the athlete for the express purpose of evaluating the medical and physical fitness for the participation in, or continued participation in any intercollegiate sport at Concordia College.

Signed: __________________________________________  Date: ____/____/_____