

Rocky Mountain College Questionnaire For Athletic Participation (please print)

Name _____ Male ___ Female ___ Date of Birth _____

Home Address _____ Phone # _____

Parents' Names _____ Family Physician _____

Current Year at RMC (ie freshman) _____

Date _____ Signature _____

Yes	No	Has This Student Had Any?	Yes	No	Has This Student Had Any?
1. ___	___	Chronic or recurrent illnesses	14. ___	___	Asthma?
2. ___	___	Hospitalizations?	15. ___	___	Epilepsy?
3. ___	___	Surgery other than tonsillectomy?	16. ___	___	Diabetes?
4. ___	___	Missing organs (kidney, eye, testicle)?	17. ___	___	Eye glasses or contact lenses?
5. ___	___	Allergy to medications?	18. ___	___	Dental braces, bridges, plates?
6. ___	___	Problems with heart or blood pressure	19. ___	___	Is There a History of?
7. ___	___	Chest pain with exercise	20. ___	___	Injuries requiring medical treatment?
8. ___	___	Dizziness or fainting with exercise?	21. ___	___	Neck injury?
9. ___	___	Frequent headaches, convulsions, dizziness or fainting?	22. ___	___	Knee injury?
10. ___	___	Concussion or unconsciousness	23. ___	___	Knee surgery?
11. ___	___	Heat exhaustion, heat stroke or heat problems?	24. ___	___	Ankle injury?
12. ___	___	Any illness lasting over 1 week?	25. ___	___	Shoulder injury?
13. ___	___	Mononucleosis or anemia	26. ___	___	Other serious joint injury?
			27. ___	___	Broken bones (fractures)?
			28. ___	___	Head injury?
					Back injury?

Yes	No	Further History:
29. ___	___	Is there any history of family or genetic disease?
30. ___	___	Has any family died suddenly at less than 40 years of ages of causes other than an accident?
31. ___	___	Has any family member had a heart attack at less than 55 years of age?
32. ___	___	Are you uncomfortably short of breath after running ½ miles (2 times around the track) without stopping?

33. List all medications you are presently taking and what conditions the medication is for.

- A.
- B.
- C.
- D.

34. What is the most and the least you have weighed in the past year? Most _____ Least _____

35. Have you had a medical problem or injury since your last physical where you missed 3 or more practices? _____ What condition? _____

36. Do you have any questions you would like to ask the Doctor? _____

Date of last known tetanus (lockjaw) shot: _____