

Rocky Mountain College Annual Health Status Review

Name _____ Sport _____

Age _____ Date of Birth _____ Sex _____

Date of last physical examination _____

Date of current medical reconsideration _____

Please answer the following questions.

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|---|-----|----|
| 1. Have you been hospitalized, had surgery or a major illness since your last physical examination? | Yes | No |
| 2. Are you currently ill in any way? | Yes | No |
| 3. Have you had a major injury (including brain concussion) since your last physical examination? | Yes | No |
| 4. Do you currently have any incompletely healed injuries? | Yes | No |
| 5. Are you taking any medication on a regular or continuous basis? Please include supplements. | Yes | No |
| 6. Are you currently taking any short-course medication for a specific current illness or another reason? | Yes | No |
| 7. Do you know of or do you believe there is any health reasons why you should not participate in the Rocky Mountain College Intercollegiate athletic program at this time? | Yes | No |

List medications and supplements below:

I certify the above information is accurate and correct and a true reflection of my present physical condition.

Signature _____ Date _____