

CONCORD UNIVERSITY
Athletic Training-Sports Medicine
RETURNING ATHLETE HEALTH STATUS REVIEW FORM

PLEASE NOTE: Do not fill this form out if you have never had a complete physical exam by the Concord University Athletic Trainers and Team Physicians.

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
DATE OF BIRTH: _____ SS#: _____ SPORT: _____
CLASSIFICATION: FR SO JR SR 5TH WHEN DID YOU ENROLL AT CU? Fall Spring of _____

DO YOU RECEIVE OR ARE YOU ELIGIBLE FOR A PELL GRANT SCHOLARSHIP? Yes No

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No STATE OF ISSUE: _____

DO YOU OWN A VEHICLE? Yes No IS THE VEHICLE ON CAMPUS? Yes No

CONCORD UNIVERSITY ADDRESS

HOME ADDRESS

Street _____

Street _____

City/State/Zip _____

City/State/Zip _____

Phone _(____)_____

Phone _(____)_____

E-Mail _____

E-Mail _____

PARENTS/GUARDIAN INFORMATION:

Father's Name: _____ Home Phone: (____)_____ Work Phone: (____)_____

Mother's Name: _____ Home Phone: (____)_____ Work Phone: (____)_____

Alternate Contact: _____ Home Phone: (____)_____ Work Phone: (____)_____

Are you allergic to any medications? Yes No Explain: _____

Do you have asthma? Yes No Medications Used for Asthma: _____

Do you wear contact lenses/glasses? Yes No Soft Lenses Hard Lenses Glasses

Do you have diabetes? Yes No

Do you have any seizure disorders? Yes No

Are you currently taking medications? Yes No Explain: _____

Are you taking nutritional supplements? Yes No Explain: _____
(ie: Creatine, etc)

(Please continue to other side)

HEALTH STATUS UPDATE: Please answer the following questions. Explain anything you respond "yes" to.

- Have you been hospitalized or had any major illnesses since you last filled out this form or had your physical exam? Yes No Explain: _____
- Are you currently ill in any way? (ie: Mono, cold, STD, etc) Yes No Explain: _____
- Have you had any major injuries since you last filled out this form or had your physical exam? (Include CU injuries) Yes No Explain: _____
- Do you currently have any incompletely healed injuries? Yes No Explain: _____
- Are you taking any medication on a regular basis? (Females – Include birth control) Yes No Explain: _____
- Are you currently taking any short-course medications for a specific current illness or injury? (ie: antibiotics, etc) Yes No Explain: _____
- Have you had any operations or surgeries since you last filled out this form or had your physical exam? (Include CU injuries) Yes No Explain: _____
- Have you seen a physician for any reason within the last year? Yes No Explain: _____
- Do you know of, or do you believe there is any health reason why you should not participate in athletics at this time? Yes No Explain: _____

STUDENT-ATHLETE CERTIFICATION: Please read the following and sign below.

The student-athlete undersigned herewith:

- Certifies that he/she knows no reason why he/she should not participate in intercollegiate athletics.
- Certifies that the answers to the above questions are correct and true.
- Understands that he/she must refrain from practice or play if deemed necessary by the certified athletic trainer or team physician until he/she is released from said athletic trainer or physician.
- Understands that his/her having passed the physician/athletic trainer pre-participation physical exam does not necessarily mean that he/she is physically qualified to engage in intercollegiate athletics, but only that the examiners did not find a medical reason to disqualify him/her.
- Fully realizes that the Concord University Department of Athletics can not/will not be held responsible for any previous medical condition(s) that he/she might have or had.
- Understands that this form becomes property of the Athletic Training/Sports Medicine Department at Concord University, will be included as part of the student-athlete's confidential file and will not be released unless written permission from the student-athlete is obtained.
- Understands that this *Annual Medical History Update* will be used for subsequent years of participation in lieu of an annual physical exam as recommended by the National Collegiate Athletic Association (NCAA).

Student Athlete Signature: _____ Date: _____

For office Use Only

Athletic Trainer Signature: _____ Date Reviewed _____