

Bone and Joints

Yes No

25. _Have you ever fractured a bone? Which bone(s)? _____ Date: _____
26. _Have you ever had a shoulder injury? Explain _____ Date: _____
27. _Have you ever injured either elbow? Explain _____ Date: _____
28. _Have you ever injured your hands/wrists? Explain _____ Date: _____
29. _Have you ever injured your back? Explain _____ Date: _____
30. _Have you ever injured either knee? Explain _____ Date: _____
31. _Have you ever injured either lower leg? Explain _____ Date: _____
32. _Have you ever injured either ankle? Explain _____ Date: _____
33. _Have you ever had any foot problems? Explain _____ Date: _____
34. _Have you ever strained or "pulled" a muscle? Explain _____
35. _Have you ever had a pin, screw, or plate somewhere in your body? Explain _____

General Medical Data

Yes No

36. Have you ever had any surgeries? Explain _____ Date: _____
37. Have you ever been hospitalized? Explain _____ Date: _____
38. Are you allergic to any medications? Explain _____
39. Do you have any other known allergies? Explain _____
40. Do you take any medications regularly? Please name all (include birth control) _____
41. (MEN) Do you have a loss of function or absence of testicles or any other related problems? Explain _____
42. (WOMEN) Do you have a menstrual cycle? _____
43. (WOMEN) Do you have any menstrual problems? Explain _____
Age of onset of menstruation _____
44. In the last year, what was your: lowest weight _____ highest weight _____
45. What do you think is your ideal weight? _____
46. Are you allergic to bee stings? _____
47. Do you have a problem with "athletes foot?"
48. Do you have or have you had a fungus infection or recurrent rash? Where? _____
49. Have you had any heat related illnesses (heat cramps, heat exhaustion, or heat stroke)?
Explain: _____
50. Are you missing any organs? Explain _____
51. Have you had or do you now have a hernia? _____
52. Immunizations: Date of last tetanus _____
53. Do you use tobacco products? What type? _____

I have answered truthfully all questions and understand that withholding any history or prior illness/injury may release Minnesota State University Moorhead from any financial responsibility or legal liability for a preexisting problem.

Athlete's Printed Full Name _____

Date _____ Athlete's Signature _____

Parent's/Guardian's Signature _____ Date _____
(if athlete is under 18 years of age)