

${\bf NWC~ATHLETICS-MEDICAL~HISTORY~\&~PERSONAL~DATA~QUESTIONNAIRE}$

Name	(Print)									Date of Bi	rth	/	/	
Name (Print) (First, Middle Initial, Last) Sport									_		3 rd 4 th			
									,	and nutritional)			ırrently t	aking.
Do yo	u have a	ny all	ergies?	Yes	No	If yes, pl	ease idei	ntify sp	ecific allergy.					
Food				_	Medicines				Pollens	Stinging Insects	Other			
What	is your i	reactio	on?											
Do yo	u carry a	an Ep	i-Pen?	Yes	No									
Gener Yes Yes	ral Medio No No	<u>cal Hi</u> 1. 2.	story Has a de Do you	octor ev present	ly have a	l or restr n unrepa	icted you	nia?		orts for any rea			/ 11/2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Yes	No	3.	-		i ongoing itis / Herp		conatuoi No			ma/Hypoglyce passed out or:				
			uisc	имсри	iiis / Herp	/cs/ 1 cs	110	11.		ntact); Released				
						Yes	No	12.		· had discomfor				
						Yes	No			htheaded or fee				
						Yes	No			rt race or skip				
						Yes	No	15.	murmur, or a	ever told you th heart infection o participate (de	? If yes	s, Dr? (n	ame, fac	cility, contact);
						Yes	No	16.	Has a doctor e	ever ordered a t	est for	your he	eart? If	yes, What? (i.e
						Yes	No	17		eased to particip ore tired or sho				
						Yes	No		Has any famil	y member or ro ge 50 (includin	elative	died of h	heart pro	oblems or had
						Yes	No	19.	Does anyone in	n your family h e. Hypertrophic	ave he	art disea	ase, pace	emaker, impla

Nutritional Concerns

Yes	No	43. Are you happy with your weight?
Yes	No	44. Are you trying to gain or lose weight?
Yes	No	45. Has anyone recommended you change your weight or eating habits?
Yes	No	46.