



NWC ATHLETICS – MEDICAL HISTORY & PERSONAL DATA QUESTIONNAIRE

Name (Print) \_\_\_\_\_
(First, Middle Initial, Last)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sport \_\_\_\_\_

Class 1st 2nd 3rd 4th

Medications: List all prescription, over-the-counter medicines, and supplements (herbal and nutritional) that you are currently taking. Include: (name, dosage, frequency) \_\_\_\_\_

Do you have any allergies? Yes No If yes, please identify specific allergy.

Food \_\_\_\_\_ Medicines \_\_\_\_\_ Pollens \_\_\_\_\_ Stinging Insects \_\_\_\_\_ Other \_\_\_\_\_

What is your reaction? \_\_\_\_\_

Do you carry an Epi-Pen? Yes No

Instructions: Complete all questions honestly and thoroughly. Failure to disclose pre-existing injuries/conditions can effect athletes' eligibility. If you answer yes, also answer corresponding questions to give more detailed information. Include information for any care, event, injury, or procedure having taken place in the last 2 years.

General Medical History

- 1. Has a doctor ever denied or restricted your participation in sports for any reason?
2. Do you presently have an unrepaired hernia?
3. Do you have an ongoing medical conditions? If yes, What?(Asthma / Hypoglycemia / Diabetes / von Willebrand's disease/Hepatitis / Herpes)
11. Have you ever passed out or nearly passed out DURING or AFTER (exercise, contact); Released to participate (documentation required w/in 1 yr)
12. Have you ever had discomfort, pain, tightness, or pressure in your chest?
13. Do you get lightheaded or feel more short of breath than expected?
14. Does your heart race or skip beats (irregular beats) during exercise?
15. Has a doctor ever told you that you have high blood pressure, high cholesterol, heart murmur, or a heart infection? If yes, Dr? (name, facility, contact); Released to participate (documentation required w/in 1 yr)
16. Has a doctor ever ordered a test for your heart? If yes, What? (i.e. ECG, stress test, etc.); Released to participate (documentation required w/in 1 yr)
17. Do you get more tired or short of breath more quickly than your peers?
18. Has any family member or relative died of heart problems or had a heart attack or death before age 50 (including drowning, unexplained car accident, etc.)?
19. Does anyone in your family have heart disease, pacemaker, implanted defibrillator, or other heart conditions (i.e. Hypertrophic Cardiomyopathy, Dilated Cardiomyopathy, etc.)?



**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.   |