



Athletic Training

Pre-participation Sports History Form

*Complete this ONLY if you are a RETURNING HU Athlete

Personal Information

_____			_____			_____			
Last Name	First Name			Middle Name					
_____			_____			_____			
Sport(s)	Class	Age	Date of Birth	Social Security Number					
_____			_____			_____			
Home Address	City, State, Zip code				Home Phone Number				
_____			_____			_____			
Campus Housing Residence	E-mail address			Athlete's cell Phone Number					
_____			_____			_____			

Emergency Contact Information

_____			_____			_____			
Last Name	First Name			Relationship to Athlete					
_____			_____			_____			
Address	City, State, Zip code				Home phone number				
_____			_____			_____			
Buisness phone number	Cell phone number			E-mail address					
_____			_____			_____			

Insurance Information

_____			_____		
Health Insurance Agency Name			Policy Number		
_____			_____		
Insurance Address			Insurance Phone Number		
_____			_____		
Do you need a referral from your Primary Care Physician (PCP) to see a specialist? Yes No					
If Yes, what is the PCP's name? _____ Phone number _____					
Please attach a copy of your insurance card (front & back)					

A. Medical Illness History: Confidential

In the past 12 months have you developed, or become aware of any of the conditions below? Please explain yes answers

CONDITION	YES	NO	DESCRIPTION	CONDITION	YES	NO	DESCRIPTION
Asthma				Pain/Pressure in Chest			
Sickle Cell Trait				Depression			
Herpes Virus				Anxiety			
Attention Deficit Disorder				Eating Disorder			
Convulsions/Seizures				Allergies			
Heart Disorder				Mononucleosis			
Fainting				Concussion			
Diabetes				Vision Defect			
Hearing Defect				Dental Defect			

B. General Medical Information:

- Do you wear glasses? Yes No
- Do you wear contacts? Yes No
- Please list all medication, insect, contact, or food allergies: _____

4. Are you currently taking any medications or supplements? Yes No
 If so please list all and the reason for taking them: _____

- Was your last physical examination in the last 6 months? Yes No

C. Surgery:

Have you had any surgeries in the past 12 months? If so, list them below.

Dates	Surgical Procedures	Physicians	Complications

D. Orthopedic Medical History:

Fractures: In the past 12 months have you fractured a bone (including stress fractures)? Yes No

If yes please fill in the appropriate information.

Body Part	Dates	Body Part	Left	Right	Dates
Skull		Collar bone			
Nose		Upper arm			
Face		Forearm			
Jaw		Wrist			
Neck		Hand			
Spine		Thigh			
Pelvis		Lower leg			
Ribs		Foot			
Fingers	R 1 .2 .3 .4 .5		L 1 .2 .3 .4 .5		
Toes	R 1 .2 .3 .4 .5		L 1 .2 .3 .4 .5		

Injuries: In the past 12 months have you had injuries to muscles, joints, or bones (including muscle strains, joint sprains, or dislocations) to any of the following areas? If yes, please describe or elaborate if possible.

	YES	NO	Description (which side, what type of injury, what structures were injured, etc.)
Neck			
Back/Spine			
Shoulders			
Elbows			
Wrist			
Hands			
Fingers			
Hips			
Knees			
Ankles			
Feet			
Toes			

E. Other:

If you have any additional conditions, problems or comments that have not been addressed thoroughly in the above questionnaire, please use the space below to inform so that I may be able to better serve you with the best medical care.

All statements and answers in the above medical history questionnaire are true and complete to the best of my knowledge. I have no abnormality, limitation, or restriction not mentioned in this record. I understand that this information is to help determine my fitness to participate in athletics and to aid in the treatment and diagnosis of future injuries/illnesses that I may incur. Furthermore, I understand that any changes in my health history since my last physical examination may warrant that a physical examination be performed by a physician in order to release me to participate in varsity athletics at Hollins. **This information is strictly confidential and will neither be seen nor discussed with anyone.**

Printed Name of Student-Athlete: _____

Signature of Student-Athlete: _____ **Date:** _____