Madonna University Athletics
36600 Schoolcraft Road
Livonia, MI 48150

Health History

Name		Sport	
Date of Birth		SS#	
Date of most recent tetanus shot:			
Allergies (medications, food, insects, etc):			

Family Health History	Relationship	Age	State of Health
	Father		
	Mother		
	Brother(s)		
	Sister(s)		

Have any of your relatives ever had any of the following?

	Relationship		Relationship
Heart Disease		Cancer	
High Blood Pressure		Convulsive Disorder	
Sickle Cell Anemia		Depression, Anxiety or other emotional disorder	
Tuberculosis			
Kidney Disease		Hay Fever	
Diabetes		Alcoholism	
Eating Disorder		HIV	
Arthritis		AIDS	
Marfan's Syndrome		Long QT Syndrome	
Hypertrophic cardiomyopathy		Significant dysrhythmia	
Other cardiomyopathy			

I herby authorize the Team Physicians and Certified Athletic Trainers acting on behalf of Madonna University to evaluate and treat any injury/illness that occurs as a result of my participation in intercollegiate athletics at Madonna University. This includes any and all reasonable and necessary preventative care, treatment, and rehabilitation for these injuries/illnesses.

_______________________________ **Printed Name**

_______________________________ **Signature**

_______________ **Date**

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Parent/Guardian Signature (if student-athlete is under 18 years of age)

Personal Medical History	No	Yes - Explain
Are you currently taking any medications, or supplements?		
List all medications and/or supplements:		
Have you ever been hospitalized?		
Have you ever had orthopedic surgery? (must provide copy of surgical report)**		
Have you ever had surgery, other than orthopedic?		
List any seasonal allergies that require medical treatment:		
Have you ever had chest pain during or after exercise?		
Have you ever been dizzy or passed out during or after exercise?		
Have you ever had a racing heart or skipped heartbeats?		
Have you ever been told you have a heart murmur?		
Have you ever had high blood pressure or high cholesterol?		
List any family members who died of heart problems or a sudden death before age 50? Have you had a recent viral infection? (i.e.…mono)		
Do you have trouble breathing, shortness of breath, or do you cough or wheeze during or after activity? Do you tire more quickly than your teammates?		
Have you ever been diagnosed with asthma? List all meds, including inhaler		
Have you ever sustained a head injury or concussion? When?		
Have you ever lost consciousness or blacked out after a head injury? When?		
Have you ever had a seizure?		
Do you have severe or frequent headaches?		
List any siblings or cousins who died of SIDS.		
Are you currently being treatment for any skin conditions? (itch, rash, hives, acne, fungus)		
Have you ever become ill (dizzy, cramps, pass out) while exercising in the heat?		
Have you ever had numbness or tingling in your hands, arms, legs, or feet?		
Do you have only organ of usually paired organs? (eye, kidney, testicle)		
Do you wear glasses and contact lenses?		
Do you have a hearing deficit or wear a hearing aid?		
List any dental appliances: permanent bridge, crown, removable partial or full plate or retainer?		
Have you ever had a sprain, strain, fracture, break or other injury to a bone or joint?		
List injuries and dates:		
Have you ever had a stress fracture? When and Where?		
Do you want to weigh more or less than you do now?		
List any supplement, vitamin, steroid, or nutritional supplements you are taking to gain/lose weight or improve performance:		
Do you feel stressed out frequently? Are you more tired than your teammates?		
Do you have any medical conditions? (infections, diabetes, myocarditis, etc?)		
Circle the following childhood diseases you've had: Measles German Measles Mumps Chicken Pox Asthma Hernia		
Are you currently under a doctor's care for an injury or illness? Explain:		
Physician name and contact info:		

Females Only		
	When was your first menstrual period?	
	Date of most recent menstrual period?	
	How many days between periods?	
	What was the longest time between periods in the last year?	
	Do you have problems with cramps, fatigue, headaches or emotional ups and downs?	

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Athlete Signature: Date:

Copies of surgical reports for any bone or joint operations must be attached. Call surgeon to obtain report.