

Spaulding High School & Barre Technical Center
Sports Medicine-Athletic Training
Health History Form

Athlete Name:		Sport(s):	
Date of Birth:		Year of Eligibility:	FR SO JR SR

Allergies:

Agent	Yes	No	Specific Agent <i>and</i> Reaction
Medications			
Food			
Stinging Insects			
Environmental			
Other			

Medications:

List all medications (including Over-the-Counter) taken in the past 12 months for more than two weeks in a row (use reverse for additional medications if needed).

Medication	Current Use		Duration of Use
	Yes	No	

Surgical History:

Please list all non-Orthopedic surgeries you have had.

Nature of Surgery	Date

Illness History:

Have you ever been told you have had any of the following conditions in the past?

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Anemia			Arthritis			Asthma		
Bleeding Problem			Cancer			Diabetes		
Eye Problems			Hearing Loss			HIV		
Hernia			High Blood Pressure			Low Blood Sugar		

continued →→→

Illness History Continued...

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Kidney Stone			Hepatitis or Liver Disease			Lung Disease		
Migranes			Ovarian Cyst			Rheumatic Fever		
Single Kidney			Single Testis			Urinary Tract Infections		
Stomach Problems			Substance Abuse			Thyroid Problem		
Seizures			Sexually Transmitted Disease			Syncope (fainting)		
Other								

In the space provided, answer the following questions. Provide as much detail as possible (dates, treatment, tests) for all positive responses (*use reverse if needed*)

Do you have a known heart condition?	
Have you ever been told you have a heart murmur?	
Have you ever been told you have an eating disorder?	
Were you ever told you have infectious mononucleosis (mono)?	
Do you wear any type of dental appliance?	
Do you wear glasses or contacts? Do you wear them to compete?	
Are you under the care of a doctor for any chronic conditions?	
Have you gained or lost more than 10 pounds in the past year?	
Have you ever been told you have Sickle Cell trait?	
Have you ever been involved in a motor vehicle accident?	

Female Athletes Only	
When was your first menstrual cycle?	
When was your last menstrual cycle?	
Since your cycles have began have you gone more than 4 months without a cycle?	
Do you experience significant pain or cramping with your cycles?	

Injury History:

Have you ever had any of the following injuries?

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Ankle Sprain			Back Pain			Bursitis		
Joint Instability			Knee Injury			Muscle Strain		
Stress Fracture			Tendon or Ligament Injury			Tendonitis		
Fracture			Joint Dislocation			Rotator Cuff Injury		
Shin Splints			Bone Spur or Chip			Joint Separation		

For all questions with a “Yes” response please provide details of the injury below:

Injury	Date	Treatment

In the space provided, answer the following questions. Provide as much detail as possible (dates, treatment, tests) for all positive responses (*use reverse if needed*):

Have you ever had a joint exploration, reconstruction, or arthroscopic surgery?	
Have you ever had an injury resulting in you missing more than 1 week of games, practices or general participation?	
Have you ever had a joint, tendon or bursa injection or aspiration?	
Do you presently use a splint or brace for practice or competition?	
Have you ever had heat stroke, heat exhaustion, or heat cramps?	
Have you ever had a concussion or other head injury?	
Have you ever had a neck injury?	
Has a doctor ever recommended that you not participate in athletics?	

Family History:

Have any members of your family (parents, siblings, grandparents, aunts/uncles or cousins) had any of the following conditions?

Condition	Yes	No
Heart attack before the age of 50 (male), 60 (female)?		
Angioplasty or bypass surgery before the age of 50 (male), 60 (female)?		
Sudden or unexplained death?		
Collapse during physical activity?		
Hypertension (high blood pressure)		
Heart murmur or valve replacement?		
Marfan's Syndrome?		
Seizures or Epilepsy?		
Asthma or other lung disease?		
Sickle Cell Disease?		
Diabetes?		
Depression?		

I authorize that all of the above stated health history information is accurate to the best of my knowledge.

Parent/Guardian Signature

Date

Student Athlete Signature

Date