

Emmanuel College  
Health History Form for Returning Athletes

Athlete (Print) \_\_\_\_\_ Sport \_\_\_\_\_

Male / Female

1) ***In the past year:***

- a) Have you been diagnosed with any new conditions/illness/disease?  
NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please list the condition/illness/disease, and the name of the doctor from which you received care.
- b) Have you had any surgeries ***not*** related to an athletic injury?  
NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please name/describe the surgery, and give the name of the doctor from which you received care.
- c) Have you had any surgeries related to an athletic injury?  
NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please name/describe the surgery, and give the name of the doctor from which you received care.
- d) Has any family member been diagnosed with a new condition/illness/disease or had a result of death?  
NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please list the condition/illness/disease and the relationship of the family member to you; please list age of death if applicable.
- e) Have you been prescribed any new medications for any condition (new or old)?  
NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please list medication(s) and the condition(s) that the medication(s) treat(s).

- 2) Are you currently under the care of a physician for any of the above?  
NO \_\_\_\_\_ YES \_\_\_\_\_ If so, for which ones listed above? ***If you are currently under the care of a physician, a medical clearance is necessary before athletic participation will be granted. The athletic trainer should have a copy of your clearance on file.***

I, \_\_\_\_\_ (printed name) hereby recognize and verify that all above information is true and accurate to the best of my knowledge, and that I have not intentionally withheld or omitted any other information. I understand that if I am currently under the care of a physician for any illness/condition/injury, I must have clearance before athletic participation, and that clearance must be on file with the athletic trainer. I also understand that I will not hold Emmanuel College, or any of its representatives or employees, liable for any injuries and/or illnesses not mentioned on this questionnaire.

Student-Athlete Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

(required if athlete is under 18)