The Baptist College of Florida
Medical History Evaluation Form

Name: ____________________________ Age: ____ Student #: ______________

Year in College: Fr. Soph. Jr. Sr. Sport: ____________________________

Local Address: _______________________________ Cell Phone: _______________

Parent/Guardian's Name: ____________________/__________________________

Parent/Guardian's Address: ____

Parent/Guardian's Phone # (_____)____________________ _____

Emergency Contact Person's Name____

Emergency Contact Person's Number (_____)______________________________

Emergency Contact Person's Relationship to Student:_______________________

I (_____do)(_____do not) have medical insurance. If yes, please provide the name of the insurance company____

YES NO 1. Are you allergic to any substances and/or medications? List: _______________
____

YES NO 2. Do you take any medications on a regular basis? List ____________________

YES NO 3. Do you have epilepsy, or ever suffered a seizure? Date of last seizure:________

YES NO 4. Have you been treated for diabetes? Medication: _________________________

YES NO 5. Has a physician ever told you that you are anemic?

YES NO 6. Have you been diagnosed with Sickle Cell Disease?

YES NO 7. Have you ever been diagnosed with the following? (circle all that apply)
High Blood Pressure Heart Murmur Heart Infection Any Other Heart Condition

YES NO 8. Have you ever passed out or nearly passed out DURING exercise?

YES NO 9. Have you ever passed out or nearly passed out AFTER exercise?

YES NO 10. Have you ever had discomfort, pain, or pressure in your chest during exercise?

YES NO 11. Have you ever had any of the following diseases? (circle all that apply)
Heart Kidney Lung Liver

YES NO 12. Do you have asthma? Medication:________________________________

YES NO 13. Have you ever had a hernia? Has it been repaired?__________________

YES NO 14. Have you ever been knocked unconscious? Date: ___________________

YES NO 15. Have you ever had a head injury or concussion? Date: ___________________

YES NO 16. Have you ever had a head injury involving bones, nerves, or discs (stingers, fractures, loss of feeling, numbness, or pain)? Date and type:_________________
____

YES NO 17. Have you ever had a shoulder injury? Date and type: _________________

YES NO 18. Have you ever had shoulder surgery? Date and type: _________________

YES NO 19. Have you ever had a back injury? Date and type: _________________

YES NO 20. Have you ever had back surgery? Date and type: _________________

YES **NO** 21. Have you ever had a hip/pelvis injury? Date and type: _________________
YES **NO** 22. Have you ever had hip/pelvis surgery? Date and type: _________________
YES **NO** 23. Have you ever had a knee injury? Date and type: _________________
YES **NO** 24. Have you ever had knee surgery? Date and type: _________________
YES **NO** 25. Have you ever had a lower leg injury? Date and type: _________________
YES **NO** 26. Have you ever had an ankle injury? Date and type: _________________
YES **NO** 27. Have you ever had ankle surgery? Date and type: _________________
YES **NO** 28. Have you ever had an injury to your elbow, wrist, hand, or foot?
Date and type: ____
YES **NO** 29. Do you have a metal implant in your body (pin, plate, screw, etc.)?
Where: ____
YES **NO** 30. Are you happy with your weight?
YES **NO** 31. Are you trying to lose or gain weight? (Indicate which one)
YES **NO** 32. Has anyone recommended you change your weight or eating habits?
YES **NO** 33. Do you limit or carefully control what you eat?
YES **NO** 34. At any time during the school year do you practice the act of fasting for personal or religious reasons?
YES **NO** 35. Have you ever been diagnosed with Marfan's Syndrome?
YES **NO** 36. Have you ever been diagnosed with a bleeding disorder? Which one: _______
____
YES **NO** Do you have any other medical conditions/concerns not already addressed on this form? List and explain: ____
____

I hereby certify the answers to these questions are correct and true. I understand that The Baptist College of Florida cannot be held responsible for any previous medical conditions. I understand that this medical history form is for no other purpose than to clear me for athletic participation at The Baptist College of Florida. I understand that based upon the answers above, I may be required to secure a physician's release prior to participation in athletics at The Baptist College of Florida.

Student Signature:____

Parent/Guardian Signature (if student is under 18):_____________________________

Date: ________________

For Office Use Only

Student is: ___Cleared to participate ___ Required to get a medical release

Athletic Director Signature:____

Director of Student Services Signature:_________________________________

Date:___________________