

Returning Student-Athlete Medical History

Name: _____ Date of Birth: _____

Social Security Number: _____ Sport: _____

Email: _____

Local/Cell Phone Number: _____

Emergency Contact: _____

Relationship: _____ Phone Number: _____

❖ Have you sustained any injuries or had any major illnesses since the end of last season?

❖ Are you allergic to any medication (ex: penicillin) or insect stings?

❖ Are you currently being treated for asthma?
○ If yes, what medication do you take?

❖ Are you currently taking any other medication on a regular basis?
○ If yes, please list here.

❖ Do you have any other conditions that the medical staff should be aware of?

❖ Insurance Information:

Name/SSN of Policy Holder:

Company Name/Address:

Insurance Company:

Group Number:

ID Number:

○ _____ I do not have insurance coverage at this time.