

Dear Parent or Guardian,

It is with great pleasure that SPORTS MEDICINE AND SPINE CENTERS of Middletown Regional Hospital continues to provide Athletic Training coverage for the care and well being of your son/daughter this season. To better serve you and your child we ask that you take a moment to fill out our Medical Information Sheet and Medical History Form and have your son/daughter return them to the Certified Athletic Trainer at your school.

Please direct any questions to Ed Carlisle, Manager of Athletic Training Services and Programs, at Sports Medicine and Spine Centers of Middletown Regional Hospital. The phone number is 937-886-1500.

ATHLETIC TRAINING ROOM
MEDICAL INFORMATION SHEET

ATHLETE'S INFORMATION:

Athlete's Name: _____ Sport: _____
Date of Birth: _____ Age: _____ Sex: M / F (Circle One)
S.S. #: _____ Home Phone: _____
Street Address: _____
City: _____ ST. _____ ZIP: _____

PARENT / GUARDIAN INFORMATION:

Father's Name: _____ Mother's Name: _____
Phone Number: _____ Phone Number: _____
S.S.#: _____ S.S. #: _____
D.O.B.: _____ D.O.B.: _____

INSURANCE INFORMATION:

Insurance Company: _____
Policy Number: _____ Insurance Under: Father / Mother (circle one or both)
Phone Number of Insurance Company: _____

EMERGENCY CONTACT:

Name: _____ Work Phone: _____ Home Phone: _____

ATHLETIC INFORMATION RELEASE AUTHORIZATION

I/We hereby authorize release of any and all information regarding any sports medicine injury, which occurs to my son or daughter, to the coaches and/or team physician. Every attempt shall be made to contact me at the above numbers if an emergency arises. A copy of this document should be considered as valid as the original.

X: _____ Date: _____

I/We hereby DO NOT authorize release of any and all information regarding any sports medicine injury, which occurs to my son or daughter, to the coaches and/or team physician.

X: _____ Date: _____

MEDICAL HISTORY

Name: _____ Date: _____

Personal Physician: _____ Address: _____ Phone: _____

Explain "YES" answers below:

YES NO

- 1. Have you ever been hospitalized? _____
- Have you ever had surgery? _____
- 2. Are you presently taking any medication or pills? _____
- 3. Do you have any allergies (medicine, bees, or other stinging insects)? _____
- 4. Have you ever passed out during or after exercise? _____
- Have you ever been dizzy during or after exercise? _____
- Have you ever had chest pain during or after exercise? _____
- Do you tire more quickly than your friends during exercise? _____
- Have you ever had high blood pressure? _____
- Have you ever been told that you have a heart murmur? _____
- Have you ever had racing of your heart or skipped heartbeats? _____
- Has anyone in your family died of heart problems or a sudden death before age 50? _____
- 5. Do you have any skin problems (itching, rashes, acne)? _____
- 6. Have you ever had a head injury? _____
- Have you ever been knocked out or unconscious? _____
- Have you ever had a seizure? _____
- Have you ever had a stinger, burner, or pinched nerve? _____
- 7. Have you ever had heat or muscle cramps? _____
- Have you ever been dizzy or passed out in the heat? _____
- 8. Do you have trouble breathing or do you cough during or after activity? _____
- 9. Do you use any special equipment (pads, braces, mouth guard, eye guards, etc.)? _____
- 10. Have you had any problems with your eyes or vision? _____
- Do you wear glasses or contacts or protective eyewear? _____
- 11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries
Of any bones or joints? _____
- __ Head __ Shoulder __ Thigh __ Neck __ Elbow __ Knee __ Chest
- __ Forearm __ Shin/calf __ Back __ Wrist __ Ankle __ Hip __ Hand
- __ Foot
- 12. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? _____
- 13. Have you had a medical problem or injury since your last evaluation?** _____
- 14. When was your last tetanus shot? _____
- When was your last measles immunization? _____
- 15. When was your first menstrual period? _____
- When was your last menstrual period? _____
- What was the longest time between your periods last year? _____

Explain "YES" Answers:

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

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____