

**GORDON COLLEGE ATHLETICS  
MEDICAL HISTORY QUESTIONNAIRE**

NAME \_\_\_\_\_ SPORT \_\_\_\_\_  
Last First MI

Blood Pressure: \_\_\_\_\_/\_\_\_\_\_

**Instructions:** When you are replying yes, please give the nature of injury/illness, the date, and the type of treatment received. Please circle the appropriate answer.

Yes No 1. Have you ever experienced an epileptic seizure or been informed that you have epilepsy?

Yes No 2. Have you had hepatitis during the past three years?

Yes No 3. Have you been treated for infectious mononucleosis, pneumonia, or any other infectious diseases during the past 12 months?

Yes No 4. Have you ever been treated for diabetes?

Yes No 5. Have you ever been treated or informed by a medical doctor that you have had rheumatic fever or scarlet fever?

Yes No 6. Have you ever experienced heat cramps, head exhaustion, or heat stroke? (Circle appropriate response.) Please indicate where and when these occurred. Where: \_\_\_\_\_ Date: \_\_\_\_\_

Yes No 7. Have you had any illness requiring bed rest or hospitalization during the past year? If so, what? \_\_\_\_\_ When: \_\_\_\_\_

Yes No 8. Have you ever been treated for or diagnosed as having a heart condition? If yes, what was/ is this condition? \_\_\_\_\_ What treatment was received? \_\_\_\_\_ Are you currently under any restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No

Yes No 9. Have you ever had a concussion? Date(s): \_\_\_\_\_ Did this require hospitalization? : \_\_\_\_\_ Yes \_\_\_\_\_ No

Yes No 10. Have you ever had a neck injury, pinched nerve, whiplash, severe headaches, or burner?

Yes No 11. Have you ever been diagnosed as having an eye disease?

Yes No 12. Have you ever had corrective eye surgery (LASIK)?

Yes No 13. Do you wear corrective lenses for your eyesight? If yes, what type (Contact lenses vs. Eyeglasses). \_\_\_\_\_

Yes No 14. If yes to question 13, do you wear them during athletic competition?

Yes No 15. Have you ever been diagnosed as having any ear disease?

Yes No 16. Have you ever had corrective surgery for any ear problems?

Yes No 17. Do you wear any dental appliances? If yes, what type? \_\_\_\_\_

Yes No 18. Have you ever sustained an injury to any of the following joints? If yes, please indicate which joint, right or left side, nature of injury, and dates.

Ankle _____	Wrist/fingers _____
Knee _____	Neck _____
Hip _____	Back _____
Shoulder _____	Elbow _____

Yes No 19. Have you ever fractured any bones? If yes, when and where?  
\_\_\_\_\_

Yes No 20. Have you ever received advice from a physician to have corrective surgery on any of the above injuries? \_\_\_\_\_

Yes No 21. If you answered yes to the above question, did you have the surgery and what type of surgery was it? \_\_\_\_\_

Yes No 22. Do you have any metal implants in your body? If yes, please indicate the anatomical site and date of surgery. \_\_\_\_\_

Yes No 23. Do you have any problems with your liver, stomach, kidneys, spleen, intestines, gall bladder, or urinary tract?

Yes No 24. Have you ever been diagnose with having a hernia? Date of diagnosis \_\_\_\_\_

Yes No 25. Have you ever been advised by a medical doctor not to participate in sports? For what reason? \_\_\_\_\_

Yes No 26. Are you currently on prescription medications or drugs? If so, please indicate what the medication is for, its name and the daily dosage.  
\_\_\_\_\_

Yes No 27. Do you take on a regular basis any over the counter medications? If yes, what do you take and for what reason? \_\_\_\_\_

Yes No 28. Do you have any allergies? If yes, what are they? Please include any medication that is taken for these allergies. \_\_\_\_\_

Yes No 29. Do you have any life threatening conditions that we should be aware of?  
\_\_\_\_\_

**FEMALE ATHLETE:**

1. Does your menstrual cycle occur: monthly, twice a month, every other month, other? Please circle the appropriate response and specify irregularities that have occurred in the past. \_\_\_\_\_

Yes No 2. Have you ever had an eating disorder? Anorexia, Bulemia, etc . \_\_\_\_\_

Physicians Signature \_\_\_\_\_ Date \_\_\_\_\_