Mesabi Range College

Athletic Medical History

Return to Athletic Department

Please Print

Date: _____ Name: _____

Sport: _____ Birthdate: _____

PLEASE ANSWER ALL QUESTIONS AND EXPLAIN ANY YES ANSWER IN THE SPACE PROVIDED.

Disease and Illness

Yes	No		
❑	❑	1.	Have you ever experienced an epileptic seizure or had convulsions? Date _____
❑	❑	2.	Have you had hepatitis during the past three years? Date _____
❑	❑	3.	Have you ever been treated for diabetes? Date _____
❑	❑		Does anyone in your close family have diabetes? Who? _____
❑	❑	4.	Have you been treated for mononucleosis or any other virus in the last year? Date and what virus? _____
❑	❑	5.	Do you or anyone in your family have high blood pressure? Who? _____
❑	❑	6.	Have you ever been told you have a heart murmur or any other heart "trouble?" When? _____
❑	❑	7.	Does anyone in your family have heart "trouble?" Who? _____
❑	❑	8.	Have you ever experienced chest pain during exercise? When? _____
❑	❑	9.	Have you ever fainted? When? _____
❑	❑		During exercise? _____
❑	❑	10.	Has anyone in your family died suddenly before age 35? Who/Why? _____
❑	❑		Before 50? Who/Why? _____
❑	❑	11.	Have you experienced a concussion in the past three years? Dates: _____
❑	❑	12.	If yes to question #11, did you lose consciousness as a result? _____ Dates? _____
❑	❑	13.	Have you ever suffered a fractured skull? Date: _____
❑	❑	14.	Have you ever suffered whiplash, pinched nerve, or any other type of neck injury? Date and type _____
❑	❑	15.	Do you suffer from migraine headaches? _____
❑	❑	16.	Do you wear any dental appliance? List: _____
❑	❑	17.	Do you wear contact lenses? What type? _____
❑	❑	18.	Do you wear glasses?
❑	❑	19.	If yes to #17 or #18, do you wear them during athletics?
❑	❑	20.	Have you ever fractured your nose? Date: _____
❑	❑	21.	Do you have nose bleeds? How often? _____
❑	❑	22.	Do you have any hearing problems? _____
❑	❑	23.	Have you had or do you have asthma? Explain _____ Do you use an inhaler or other medications? List: _____
❑	❑	24.	Do you have sickle cell anemia or sickle cell trait? _____

(Complete Other Page)

Bone and Joints

Yes	No		
❑	❑	25. Have you ever fractured a bone? Which bone(s)? _____	Date: _____
❑	❑	26. Have you ever had a shoulder injury? Explain _____	Date: _____
❑	❑	27. Have you ever injured either elbow? Explain _____	Date: _____
❑	❑	28. Have you ever injured your hands/wrists? Explain _____	Date: _____
❑	❑	29. Have you ever injured your back? Explain _____	Date: _____
❑	❑	30. Have you ever injured either knee? Explain _____	Date: _____
❑	❑	31. Have you ever injured either lower leg? Explain _____	Date: _____
❑	❑	32. Have you ever injured either ankle? Explain _____	Date: _____
❑	❑	33. Have you ever had any foot problems? Explain _____	Date: _____
❑	❑	34. Have you ever strained or "pulled" a muscle? Explain _____	
❑	❑	35. Have you ever had a pin, screw, or plate somewhere in your body? Explain _____	

General Medical Data

Yes	No		
❑	❑	36. Have you ever had any surgeries? Explain _____	Date: _____
❑	❑	37. Have you ever been hospitalized? Explain _____	Date: _____
❑	❑	38. Are you allergic to any medications? Explain _____	
❑	❑	39. Do you have any other known allergies? Explain _____	
❑	❑	40. Do you take any medications regularly? Please name all (include birth control) _____	
		_____	
❑	❑	41. (MEN) Do you have a loss of function or absence of testicles or any other related problems? Explain _____	
		_____	
❑	❑	42. (WOMEN) Do you have a menstrual cycle? _____	
❑	❑	43. (WOMEN) Do you have any menstrual problems? Explain _____	
		Age of onset of menstruation _____	
❑	❑	44. In the last year, what was your: lowest weight _____	highest weight _____
❑	❑	45. What do you think is your ideal weight? _____	
❑	❑	46. Are you allergic to bee stings? _____	
❑	❑	47. Do you have a problem with "athletes foot?"	
❑	❑	48. Do you have or have you had a fungus infection or recurrent rash? Where? _____	
❑	❑	49. Have you had any heat related illnesses (heat cramps, heat exhaustion, or heat stroke)?	
		Explain: _____	
❑	❑	50. Are you missing any organs? Explain _____	
❑	❑	51. Have you had or do you now have a hernia? _____	
❑	❑	52. Immunizations: Date of last tetanus _____	
❑	❑	53. Do you use tobacco products? What type? _____	

I have answered truthfully all questions and understand that withholding any history or prior illness/injury may release Mesabi Range Community & Technical College from any financial responsibility or legal liability for a preexisting problem.

Athlete's Printed Full Name _____

Athlete's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____
(if athlete is under 18 years of age)