

STUDENT'S MEDICAL HISTORY

NAME _____ BU ID# _____

DATE OF BIRTH _____ AGE _____

SEX: F M

HEIGHT _____ Feet _____ Inches _____

WEIGHT _____ lbs.

MEDICAL HISTORY: Have you ever had any of the following?

	YES	NO	DETAIL (Severity, Date of Most Recent Occurrence, Etc.)
1. Head injury, concussion, or loss of consciousness			
2. Dizzy spells, fainting, or convulsions			
3. Pinched nerves, vertebrae or vertebral disc injury			
4. Bone grafts or spinal fusions			
5. Organs or parts of organs removed			
6. Have you ever had any organs removed?			
7. Heart trouble or rheumatic fever			
8. High or low blood pressure			
9. Anemia, hepatitis, jaundice, or mono			
10. Hernia or menstrual problems			
11. Mental illness or nervous breakdown			
12. Tendinitis, bursitis, arthritis, gout			
13. Shoulder dislocation or separation			
14. Surgery to correct shoulder injury			
15. Fractures or other joint dislocations			
16. Shin splints, chondromalacia			
17. Ligament or cartilage damage to knee			
18. Sprained knee causing a loss of activity			
19. Surgery to correct a knee injury			
20. Sprained ankle causing a loss of activity			
21. Surgery to correct an ankle injury			
22. Muscle or tendon strain causing a loss of activity			
23. Back injury or chronic back pain			
24. Pin, screw or plate somewhere in body			

25. Any other musculoskeletal injury causing a loss of activity			
26. Heat exhaustion or heat stroke			
27. Any other surgery not mentioned above			
28. Allergies or skin problems			
29. Allergy to medications			
30. Any seizure disorders			
31. Diabetes, asthma, leukemia, etc.			
32. Any eating disorders (anorexia, bulimia, etc.)			
33. Have you ever been advised by a doctor not to participate in any sports?			
34. Do you smoke?			
35. Are you taking any medication?			
36. Are you currently using any other forms of drugs?			
37. Is there any other medical condition the instructor should be aware of?			

I certify that the above answers are correct and that no medical information has been withheld.

Signature

Date