Western Nebraska Community College Department of Athletics
Medical History

Name_____Sex_____Age_____

Date of Birth_____Student ID #:_____Year in School_____

Sport(s) _____

Personal Physician_____ Physician's Phone_____

Physician's Address_____

Explain "Yes" answer below: In the last 3 years…

1. Have you been hospitalized?…… Yes No
   Have you had surgery?…… Yes No
2. Are you presently taking any medications or pills?…… Yes No
3. Do you have any allergies (medicine, bees or other stinging insects)?…… Yes No
4. Have you passed out during or after exercise?…… Yes No
   Have you been dizzy during or after exercise?…… Yes No
   Have you had chest pain during or after exercise?…… Yes No
   Do you tire more quickly than your friends during exercise?…… Yes No
   Have you had high blood pressure?…… Yes No
   Have you been told that you have a heart murmur?…… Yes No
   Have you had racing of your heart or skipped heartbeats?…… Yes No
   Has anyone in your family died of heart problems or a sudden death before age 50?…… Yes No
5. Do you have any skin problems (itching, rashes, acne)?…… Yes No
6. Have you had a head injury?…… Yes No
   Have you been knocked out or unconscious?…… Yes No
   Have you had a seizure?…… Yes No
   Have you had a stinger, burner or pinched nerve?…… Yes No
7. Have you had heat or muscle cramps?…… Yes No
   Have you been dizzy or passed out in the heat?…… Yes No
8. Do you have trouble breathing or do you cough during or after activity?…… Yes No
9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?…… Yes No
10. Have you had any problems with your eyes or vision?…… Yes No
    Do you wear glasses or contacts or protective eye wear?…… Yes No
11. Have you sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? If yes, please circle the body part.…… Yes No

    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.)?…… Yes No
13. When was your last tetanus shot?……Date: _____
    When was your last measles immunization?……Date: _____
14. When was your first menstrual period?……Age: _____
    When was your last menstrual period?……Date: _____
    What was the longest time between your periods last year?…… _____

Explain "Yes" answers

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I hereby state that, to the best of my knowledge, my answers to the above questions are correct and true.
I fully realize that Western Nebraska Community College cannot be held liable for medical expenses derived from pre-existing injuries and/or conditions.
I understand that the failure to disclose previous conditions *may* result in medical disqualification.

Athlete's Signature _____Date _____