

Name: _____

SPORTS PRE-PARTICIPATION HEALTH HISTORY

Name _____ Date _____

School Address _____

Permanent Address _____

Phone Number (School) _____ (Permanent) _____

Date of birth _____ Sport _____

Social Security Number _____

List and date hospitalizations, operations, emergency room visits

Date	Condition/Operation	Physician
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_____	_____	_____
_____	_____	_____
_____	_____	_____

List any allergies (insect stings, medications, food, dust, etc)

Allergic substance	Severity of reaction
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_____	_____
_____	_____
_____	_____

You are required to fill out a health history and have a pre-participation physical exam prior to beginning practice in order to make every effort to assure your safe sport participation. It is your responsibility to report any changes in your health to the athletic training staff. Changes in your activity level may be made by the certified athletic trainers and you will be expected to specifically follow the guidelines given to you. The final decision for your return to full activity will be made by a physician and/or certified athletic trainer.

Having received a pre-participation exam does not necessarily mean that you are physically qualified to engage in strenuous physical exercise, but only that the physician did not find a medical reason to disqualify you at the time of the exam.

To my knowledge, I am in good health. I have no known condition which will prevent me from participating in unlimited activities. I certify that my answers to all questions are correct and true and I have withheld no information.

I have read and understand Pacific University's medical and training room policies posted on the Pacific University Athletics Website. I agree to comply with all medical policies for the duration of my athletic participation at Pacific University.

Signature of Student-Athlete

Date