

The Baptist College of Florida Medical History Evaluation Form

Name: _____ **Age:** ____ **Student #:** _____
Year in College: Fr. Soph. Jr. Sr. **Sport:** _____
Local Address: _____ **Cell Phone:** _____
Parent/Guardian's Name: _____ / _____
Parent/Guardian's Address: _____
Parent/Guardian's Phone # (_____) _____
Emergency Contact Person's Name _____
Emergency Contact Person's Number (_____) _____
Emergency Contact Person's Relationship to Student: _____
I (____do)(____do not) have medical insurance. If yes, please provide the name of the insurance company _____

- YES NO** 1. Are you allergic to any substances and/or medications? List: _____

YES NO 2. Do you take any medications on a regular basis? List _____
YES NO 3. Do you have epilepsy, or ever suffered a seizure? Date of last seizure: _____
YES NO 4. Have you been treated for diabetes? Medication: _____
YES NO 5. Has a physician ever told you that you are anemic?
YES NO 6. Have you been diagnosed with Sickle Cell Disease?
YES NO 7. Have you ever been diagnosed with the following? (circle all that apply)
 High Blood Pressure Heart Murmur Heart Infection Any Other Heart Condition
YES NO 8. Have you ever passed out or nearly passed out DURING exercise?
YES NO 9. Have you ever passed out or nearly passed out AFTER exercise?
YES NO 10. Have you ever had discomfort, pain, or pressure in your chest during exercise?
YES NO 11. Have you ever had any of the following diseases? (circle all that apply)
 Heart Kidney Lung Liver
YES NO 12. Do you have asthma? Medication: _____
YES NO 13. Have you ever had a hernia? Has it been repaired? _____
YES NO 14. Have you ever been knocked unconscious? Date: _____
YES NO 15. Have you ever had a head injury or concussion? Date: _____
YES NO 16. Have you ever had a head injury involving bones, nerves, or discs (stingers, fractures, loss of feeling, numbness, or pain)? Date and type: _____

YES NO 17. Have you ever had a shoulder injury? Date and type: _____
YES NO 18. Have you ever had shoulder surgery? Date and type: _____
YES NO 19. Have you ever had a back injury? Date and type: _____
YES NO 20. Have you ever had back surgery? Date and type: _____

- YES NO** 21. Have you ever had a hip/pelvis injury? Date and type: _____
YES NO 22. Have you ever had hip/pelvis surgery? Date and type: _____
YES NO 23. Have you ever had a knee injury? Date and type: _____
YES NO 24. Have you ever had knee surgery? Date and type: _____
YES NO 25. Have you ever had a lower leg injury? Date and type: _____
YES NO 26. Have you ever had an ankle injury? Date and type: _____
YES NO 27. Have you ever had ankle surgery? Date and type: _____
YES NO 28. Have you ever had an injury to your elbow, wrist, hand, or foot?
Date and type: _____
YES NO 29. Do you have a metal implant in your body (pin, plate, screw, etc.)?
Where: _____
YES NO 30. Are you happy with your weight?
YES NO 31. Are you trying to lose or gain weight? (Indicate which one)
YES NO 32. Has anyone recommended you change your weight or eating habits?
YES NO 33. Do you limit or carefully control what you eat?
YES NO 34. At any time during the school year do you practice the act of fasting for
personal or religious reasons?
YES NO 35. Have you ever been diagnosed with Marfan's Syndrome?
YES NO 36. Have you ever been diagnosed with a bleeding disorder? Which one: _____

YES NO Do you have any other medical conditions/concerns not already addressed on this
form? List and explain: _____

I hereby certify the answers to these questions are correct and true. I understand that The Baptist College of Florida cannot be held responsible for any previous medical conditions. I understand that this medical history form is for no other purpose than to clear me for athletic participation at The Baptist College of Florida. I understand that based upon the answers above, I may be required to secure a physician's release prior to participation in athletics at The Baptist College of Florida.

Student Signature: _____

Parent/Guardian Signature (if student is under 18): _____

Date: _____

For Office Use Only

Student is: ___ Cleared to participate ___ Not cleared to participate

Director of Student Life and Marketing Signature: _____

Date: _____