

INTERIM HISTORY FOR RETURNING VARSITY ATHLETES

William & Mary
Division of Sports Medicine

Name: _____ Sport: _____ Cell Phone: _____
Last First MI

The following information is vital to adequately screen and medically clear athletes for continued participation in their sport. The purpose of this form is to update each athlete's chart with significant information regarding injuries, medical conditions, symptoms of concern, and use of medication since the athlete's entrance physical exam.

Has anyone in your family developed heart problems or experienced sudden death before age 50? YES NO
If yes: Relationship to you? _____ **Nature of problem:** _____

HISTORY: In the PAST YEAR have any of the following happened to you? (Answer ALL questions)

	Y/N	If yes, <u>EXPLAIN.</u>	Still a problem? (Y/N)
1. ER visit or hospitalized for any reason?	_____	_____	_____
2. Surgery of any kind, including congenital correction surgery?	_____	_____	_____
3. Significant injury (fracture, dislocation, etc.)?	_____	_____	_____
4. Other injury (sprain, strain, etc.)?	_____	_____	_____
5. Recurrent back pain?	_____	_____	_____
6. Use of medication for more than 10 days? a. Are you currently taking any prescription or over the counter medications or pills or using an inhaler?	_____	_____	_____
7. Allergic reaction to anything (e.g. food, medication, or stinging insects)?	_____	_____	_____
8. Passed out or nearly passed out (lightheaded) during or after exercise?	_____	_____	_____
9. Chest pain, palpitations, or dizziness during or after exercise?	_____	_____	_____
10. Irregular heartbeats at rest or during exercise?	_____	_____	_____
11. Any shortness of breath with exercise? Wheezing?	_____	_____	_____
12. Chronic or recurrent cough with exercise?	_____	_____	_____
13. High blood pressure, diabetes, and/or high cholesterol?	_____	_____	_____
14. Significant head injury, knocked unconscious, or concussion?	_____	_____	_____
15. Seizures?	_____	_____	_____

16. Loss or decreased function of any organ? _____
17. Have you had any illness lasting a week or more such as mono or a chronic or recurring illness or infection? _____
18. Have you had any blood disorder, including sickle cell trait, anemia (low blood), blood clot, unusual bleeding, etc.? _____
19. Asthma or seasonal allergies that require medical treatment? _____
20. Menstrual problems/irregularities? (if applicable) _____
21. Fatigue? _____
22. Sleep issues? _____
23. Recurrent heat exhaustion? _____
24. New onset or unusual headaches? _____
25. Have you been treated or evaluated for an eating disorder? _____
26. Have you been treated or evaluated for a psychological or psychiatric disorder, depression, or anxiety? _____
27. Have you been treated or encouraged to seek treatment for an alcohol or substance abuse problem? _____
 - a. Would you like information or to speak with someone concerning these issues? _____
28. Any other significant illness or problem? _____
29. Are you currently seeing a physician or chiropractor or going to physical therapy? _____
30. Would you like to speak to a physician about anything? _____

Please read and sign below:

- A. I certify that the above information is accurate and complete to the best of my knowledge. Providing fraudulent information may result in dismissal from a team or a cancellation of athletic aid (scholarship). I realize that falsification of the provided information is a violation of the honor code that could result in sanctioning by a hearing panel.
- B. I give my permission for Certified Athletic Trainers (within the Athletic Department), Student Health Center staff, and all consulting physicians permission to exchange, written or orally, any information concerning any injuries or illnesses throughout the time in which I am an official student-athlete at William & Mary. Any change in this status must be made in writing by the student-athlete and rendered to all parties concerned.

Student signature _____ Date _____

Printed name _____ ID# _____