



**NEBRASKA WESLEYAN UNIVERSITY
DEPARTMENT OF ATHLETICS
CONFIDENTIAL MEDICAL HISTORY**

Date: ____/____/____

Name: Last _____ First _____ Middle _____

Date of Birth ____/____/____ Sex: M F Sport(s) _____

Year at Nebraska Wesleyan University: FR SO JR SR 5th

PLEASE CHECK IF ANY BLOOD RELATIVE HAS EVER HAD THE FOLLOWING:

	YES	NO	RELATION	CAUSE OF DEATH
Sudden death before the age of 55 _____				
Sickle cell _____				
Bleeding Problems (i.e. Hemophilia) _____				
Diabetes (High blood sugar) _____				
Epilepsy (seizures or fits) _____				
Gout _____				
Heart Disease _____				
High Blood Pressure _____				
Stroke _____				
Tuberculosis _____				

IMMUNIZATION RECORD:

	YES	NO	DATE OF LAST INJECTION/BOOSTER
Tetanus/Diphtheria _____			
Measles, Mumps, Rubella (MMR) _____			
Measles and Rubella (MR) _____			
Influenza (not required) _____			

PLEASE CIRCLE "YES" OR "NO" FOR EACH OF THE FOLLOWING QUESTIONS:

1. Were you born with a complete and functional set of paired organs? Yes No
 (eyes, ears, kidneys, ovaries/testicles, lungs)
 If No, explain. _____

2. Have you ever had surgery? Yes No
 List dates, types, and physician's names and hospitals of surgeries in the past five years:

3. Have you ever missed more than 1 week of practice because of injury or illness? Yes No

If Yes, explain.

4. Have you ever missed a game because of injury? Yes No
 When did this occur? Please explain. _____

5. Have you ever been hospitalized? Yes No
 When did this occur? Please explain. _____

6. Have you ever been seen by a heart specialist (cardiologist)? Yes No
 Who: _____ Date: _____ Reason: _____

11. Do you wear glasses or contacts? Yes No
 If yes, which one and for what? _____

12. Have you ever had any dental problems or wear any orthodontic prosthetic? Yes No
 If yes, please explain. _____

13. *Females only.* Have you ever had any menstrual problems (e.g. irregular, painful, excessive)? Yes No
 If yes, please explain. _____

GENERAL MEDICAL HEALTH HISTORY

PLEASE CHECK "YES" OR "NO" IF YOU HAVE EVER HAD ANY OF THE FOLLOWING CONDITIONS. IF "YES", EXPLAIN.

	YES	NO	EXPLANATION
Birth defect _____			
Stomach ulcers _____			
Hernia _____			
— Skin disease-requiring medication _____			
Ever experience light headedness, dizziness, or pass out _____			
Chest pain while exercising _____			
Irregular heart beats or heart palpitations _____			
Heat illnesses _____			

Any other pertinent medical information or medical conditions that you feel would be helpful for our medical staff to know: (Please list here)

ALLERGY AND DRUG SENSITIVITY HISTORY

- | | | | |
|--|-----|----|-------------------|
| 1. Aspirin /aspirin products | Yes | No | |
| 2. Insect bites/stings | Yes | No | |
| 3. Tetanus antitoxin or serums | Yes | No | |
| 4. Anti-inflammatory medication | Yes | No | Which ones? _____ |
| 5. Penicillin | Yes | No | |
| 6. Any other drug | Yes | No | Which ones? _____ |
| 7. Any foods | Yes | No | Which ones? _____ |
| 8. Other | Yes | No | Which ones? _____ |
| 9. Are you currently taking any medications? | Yes | No | Which ones? _____ |

ORTHOPEDIC HISTORY

PLEASE CHECK "YES" OR "NO" IF YOU HAVE HAD ANY OF THE CONDITIONS BELOW OR CONSULTED A DOCTOR FOR ANY OF THE FOLLOWING REASONS. IF "YES", PLEASE EXPLAIN AND GIVE DATE OF VISIT(S).

HEAD	YES	NO	DATE(S)	EXPLANATION / RESULTS
Knocked out (if even a few seconds)				
Dazed/Dizzy				
Concussion				
Headache				
-				
Broken bones				
X-rays, CAT scan, Magnetic scan (MRI)				

NECK	YES	NO	DATE(S)	EXPLANATION / RESULTS
Sprain				
Strain				
Pinched nerves				
Disc problems				
Dislocation				
Bruners/stingers				
Broken bones				
x-rays, CAT scan, Magnetic scan (MRI)				
Football only - Do you wear a neck roll?				

TORSO	YES	NO	DATE(S)	EXPLANATION / RESULTS
Broken collar bone				
Broken rib				
Sternum problems				
X-rays, CAT scan, Magnetic scan (MRI)				

LOW BACK	YES	NO	DATE(S)	EXPLANATION / RESULTS
Sprain				
Strain				
-				
Nerve pinches				
Disc problems				
Pain down leg				
Numbness in leg				
Weakness in leg				
Bruise				
Injections				
Low back pain				
Broken bones				
X-rays, CAT scan, Magnetic scan (MRI)				

SHOULDERS	YES	NO	DATE(S)	EXPLANATION / RESULTS

Sprain _____
 Strain _____
 A-C separations _____
 Dislocations _____
 Shoulder slips out of place _____
 Tendinitis _____
 Rotator Cuff _____
 Tear/weakness _____
 Bursitis _____
 Injections _____
 Broken Bones _____
 X-rays, CAT scan, Magnetic scan (MRI) _____

UPPER ARMS/FOREARMS	YES	NO	DATE(S)	EXPLANATION / RESULTS
Strain				
Calcium Deposit				
Injections				
Broken bones				
X-rays, CAT scan, Magnetic scan (MRI)				

ELBOW	YES	NO	DATE(S)	EXPLANATION / RESULTS
Sprain				
Strain				
Bursitis				
Dislocation				
Swelling				
Tendinitis				
Bruise				
Injections				
Broken bones				
x-rays, CAT scan, Magnetic scan (MRI)				

WRIST	YES	NO	DATE(S)	EXPLANATION / RESULTS
Sprain				
Strain				
Tendinitis				
Dislocation				
X-rays, CAT scan, Magnetic scan (MRI)				

HANDS/FINGERS	YES	NO	DATE(S)	EXPLANATION / RESULTS
Sprain				
Strain				
Dislocations				
Broken bones				
X-rays, CAT scan, Magnetic scan (MRI)				

PELVIS/HIP	YES	NO	DATE(S)	EXPLANATION / RESULTS
Strain				
Groin pulls				
Hip flexor strain				
Dislocations				
Bruises/Hip pointers				
Hernia				
Bursitis				
Injections				
Broken Bones				
X-rays, CAT scan, Magnetic scan (MRI)				

THIGH	YES	NO	DATE(S)	EXPLANATION / RESULTS
Quad pulls				
Hamstring pulls				
Bruises				
Calcium deposits/myositis ossificans				
Injections				
Broken bones				
X-rays, CAT scan, Magnetic scan (MRI)				

LOWER LEGS	YES	NO	DATE(S)	EXPLANATION / RESULTS
Strain				
Shin splints				
Bruise				
Injections				
Painful/Tight calf with activity				
Achilles tendon pain				
Stress Fractures				
Broken Bones				
X-rays, CAT scan, Magnetic scan (MRI)				

KNEES	YES	NO	DATE(S)	EXPLANATION / RESULTS
Sprain or torn ligament				
Torn Cartilage				
Knee cap dislocation				
Osgood-Schlatter's				
Bursitis				
Swelling				
Locking				
Giving way				
Sudden weakness or shifting				
Arthritis				
Chondromalacia				
Grinding				
Jumper's Knee / Tendinitis				
Bruise				
Injections				
Pain with stairs				
Pain with squatting				
Broken bones				
Arthrograms (x-rays done with dye)				
x-rays, CAT scan, Magnetic scan (MRI)				
Do you wear a brace or sleeve?				

ANKLES	YES	NO	DATE(S)	EXPLANATION / RESULTS
Sprain				
Strain				

Giving out _____
 Dislocations _____

 Weak _____

 Injections _____

 Broken Bones _____
 X-rays, CAT scan, Magnetic scan (MRI) _____

FEET/TOES	YES	NO	DATE(S)	EXPLANATION / RESULTS
Sprains				
Turf Toe				
Dislocations				
Bruise				
Ingrown Toe Nail (surgery?)				
Injections				
Broken bones				
X-rays, CAT scan, Magnetic scan (MRI)				

Any other pertinent orthopedic information or conditions that you feel would be helpful for our medical staff to know: (Please list here)

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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 Nebraska Wesleyan University cannot be held responsible 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: _____

Parent's Signature _____
 (if athlete is under the age of 19)

Date: _____