



Nebraska Wesleyan University Department of Athletics Medical History (Returning Athletes)

Name _____ Sex _____ Age _____
 Date of Birth _____ Year in School _____
 Sport(s) _____
 Personal Physician _____ Physician's Phone _____
 Physician's Address _____

Explain "Yes" answer below:

1. Have you been hospitalized in the last 12 months?..... Yes No
 Have you had surgery in the last 12 months?..... 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 in the last 12 months?..... Yes No
 Have you been dizzy during or after exercise in the last 12 months?..... Yes No
 Have you had chest pain during or after exercise in the last 12 months? Yes No
 Do you tire more quickly than your friends during exercise?..... Yes No
 Have you had high blood pressure in the last 12 months?..... Yes No
 Have you been told that you have a heart murmur in the last 12 months?..... Yes No
 Have you had racing of your heart or skipped heartbeats in the last 12 months?..... 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 in the last 12 months? Yes No
 Have you been knocked out or unconscious in the last 12 months?..... Yes No
 Have you had a seizure in the last 12 months? Yes No
 Have you had a stinger, burner or pinched nerve in the last 12 months?..... Yes No
7. Have you had heat or muscle cramps in the last 12 months? Yes No
 Have you been dizzy or passed out in the heat in the last 12 months? 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 in the last 12 months? 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 in the last 12 months? 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 medical problems in the last 12 months(infectious mononucleosis, diabetes, etc.)?..... Yes No
13. Have you had a medical problem or injury since your last evaluation?..... Yes No
14. When was your last tetanus shot?..... Date: _____
 When was your last measles immunization?..... Date: _____
15. 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:

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 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 _____