

Carlow University Athletics Health History

Name _____ Date of Birth _____ Date _____
 Social Security No. _____ Class _____
 Address _____ Phone _____
 Parents _____ Physician _____
 Sport(s) _____

Fill in details of "YES" or "NO" answers in space below:

	YES	NO
1. Have you ever been hospitalized?		
Have you ever had surgery?		
2. Are you currently taking medication?		
Do you smoke?		
3. Do you have any allergies (medicine, bees, etc)?		
4. Have you ever passed out during exercise?		
Have you ever been dizzy during exercise?		
Have you ever had chest pain?		
Do you tire more quickly than your friends during exercise?		
Have you ever had high blood pressure?		
Have you ever been told you have a heart murmur?		
Have you ever had racing of your heart or skipped beats?		
Has anyone in your family died of heart problems or had sudden Death before age 40?		
Do you or anyone in your family have Marfan's Syndrome (Abe Lincoln's disease?)		
5. Do you have any skin problems? (itching, moles, breaking out?)		
6. Have you ever had a head injury?		
Have you ever had a seizure?		
Have you ever had a stinger or burner?		
Are you missing one of a paired organ (eyes, kidneys, ovaries, testes, etc)?		
7. Have you ever injured (sprained, dislocated, fractured, etc.)? ___Hand ___Shoulder ___Thigh ___Wrist ___Neck ___Knee ___Forearm ___Chest ___Shin/Calf ___Elbow ___Back ___Ankle ___Arm ___Hip ___Foot		
8. Have you ever had heat cramps?		
Have you ever been dizzy or passed out in heat?		
9. Have you ever had: ___Mononucleosis ___Hepatitis ___Asthma ___Tuberculosis ___Anemia ___Diabetes ___Headaches ___Eye injuries ___stomach ulcers		
10. Any additional health history information?		
11. Do you use special pads or braces?		
12. Do you wear corrective lenses/contacts for sports?		
Are they polycarbonate/safety lenses?		
13. When was your last tetanus shot?		
14. When was your first period? When was your last period?		
Are your periods irregular?		
If you answered YES to any of the above questions, please explain:		

Please turn over and sign consent form!

Consent Form

I, _____, consent to undergo a fitness assessment, which may include a graded exercise test, by the Department of Athletics of Carlow University. I may understand that I may refuse any aspect of the assessment. I also consent to have Carlow University use any data collected during the assessment at their discretion.

WAIVER of CLAIMS

I understand that there is a possibility of certain changes during the administration of the assessment, which may include blood pressure changes, fainting, shortness of breath, heart rate changes, etc. I agree to hold Carlow University harmless from any claims resulting from the administration of this fitness assessment caused by myself or others.

Signed

Date

Parent/Guardian if under 18