

FERRIS STATE UNIVERSITY
PROSPECTIVE STUDENT ATHLETE
MEDICAL HISTORY FORM

NAME _____ HIGH SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME AND NUMBER _____

LIST ALL/ANY ATHLETIC INJURIES, WHICH HAVE CAUSED YOU TO MISS A PRACTICE OR GAME DURING THE PAST 2 YEARS:

LIST ALL SURGERIES (INCLUDE BODY PART, YEAR):

LIST MEDICATIONS YOU ARE CURRENTLY TAKING:

HAVE YOU HAD ANY OF THE CONDITIONS LISTED BELOW

<u>YES</u>	<u>NO</u>	
()	()	CHRONIC/RECURRENT INJURY/ILLNESS, LIST: _____
()	()	HEART OR BLOOD PRESSURE PROBLEMS
()	()	CHEST PAINS
()	()	DIZZINESS/FAINTING WITH EXERCISE
()	()	HISTORY OF HEART RELATED ILLNESS
()	()	ALLERGIES, LIST: _____
()	()	LOSS OF PAIRED ORGAN FUNCTIONS (I.E. EYE, KIDNEY)

LIST ANY SPECIAL PADS, BRACES, ETC.. THAT YOU REQUIRE TO PLAY SPORT:

LIST ANY ABNORMALITIES, MEDICAL CONDITIONS, OR SPECIAL CONDITIONS THAT YO HAVE NOT LISTED IN THE ABOVE SECTION:

LIST ANY MEDICAL TEST (X-RAYS, MRI, CT SCAN, ETC...) YOU HAVE HAD:

LIST NAMES OF DOCTORS, TRAINERS, THERAPISTS THAT HAVE CARED FOR YOUR INJURIES/CONDITIONS: _____
