

## Dyersburg State Community College Medical History Information

\*\*\*This Form Must be Completed and Returned to the Head Athletic Trainer Prior  
to Participation of Any Kind\*\*\*

Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent/ Guardian Name(s): \_\_\_\_\_  
 Parent/ Guardian Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_  
 Parent/ Guardian Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

In case of an emergency and parent/guardian cannot be reached, call:

| (Name) | (Relation) | (Phone Number) |
|--------|------------|----------------|
|--------|------------|----------------|

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

### I. Diseases and Illnesses

| Have you ever suffered from any of the following: | (YES) | (NO)  |
|---|-------|-------|
| Diabetes  | _____ | _____ |
| Epilepsy  | _____ | _____ |
| Hepatitis   | _____ | _____ |
| Measles   | _____ | _____ |
| Mononucleosis                                     | _____ | _____ |
| Mumps   | _____ | _____ |
| Scarlet Fever                                     | _____ | _____ |
| Tuberculosis                                      | _____ | _____ |
| AIDS/HIV  | _____ | _____ |

### II Allergies and Medications

| Do you have:             | (YES) | (NO)  |
|--------------------------|-------|-------|
| Hay Fever                | _____ | _____ |
| Asthma                   | _____ | _____ |
| Sickle Cell Anemia Trait | _____ | _____ |

Are you currently taking any Medication?

(If YES, List Here): \_\_\_\_\_

Do you have any Allergies or are you Allergic to any Medications?

(If YES, List Here): \_\_\_\_\_

### III. Head and Neck:

| Have you ever had:   | (YES) | (NO)  |
|--|-------|-------|
| 1. A Head/Neck Injury that has interrupted your athletic competition?<br>(If Yes, how long were you inactive? _____) | _____ | _____ |
| 2. Do you have frequent headaches?<br>(If yes, are they severe?)   | _____ | _____ |

- |  |       |       |
|--|-------|-------|
| 3. Have you been knocked unconscious or have you suffered a concussion in the past 3 years?          | _____ | _____ |
| 4. Have you been knocked unconscious more than 3 times?<br>(Explain): _____                          | _____ | _____ |
| 5. Have you ever been hospitalized for a head or neck injury?<br>If Yes, When? _____ How Long? _____ | _____ | _____ |
| 6. Have you ever suffered whiplash?<br>If Yes, When? _____ How Long? _____                           | _____ | _____ |
| 7. Have you ever suffered a pinched nerve of any upper extremity?                                    | _____ | _____ |

**IV. Eyes**

(YES) (NO)

- |  |       |       |
|--|-------|-------|
| 1. Do you wear glasses?  | _____ | _____ |
| 2. Do you wear contacts?<br>If yes, hard or soft (Circle One)                      | _____ | _____ |
| 3. Do you wear either during competition?  | _____ | _____ |
| 4. Do you suffer from loss of vision in one eye?                                   | _____ | _____ |
| 5. Date of Last Eye Exam: _____<br>Physician: _____ Phone# _____<br>Address: _____ |       |       |

**V. Ears**

(YES) (NO)

- |   |       |       |
|---|-------|-------|
| 1. Do you suffer from:<br>Ringing in the Ears?<br>Frequent Earaches?<br>Hearing Loss? | _____ | _____ |
|   | _____ | _____ |
|   | _____ | _____ |

**VI. Dental**

(YES) (NO)

- |   |       |       |
|---|-------|-------|
| 1. Do you suffer from:<br>Toothaches?<br>Gum Irritation?<br>Bleeding?   | _____ | _____ |
|   | _____ | _____ |
| 2. Do you wear any dental appliances?<br>If yes, please describe: _____ | _____ | _____ |

**VII. Nose**

(YES) (NO)

- |   |       |       |
|---|-------|-------|
| 1. Have you ever fractured your nose?   | _____ | _____ |
| 2. Do you suffer from:<br>Sinus Problems?<br>Frequent Nose Bleeds?<br>Nasal Blockage? | _____ | _____ |
|   | _____ | _____ |
|   | _____ | _____ |

**VIII. Musculoskeletal**

**A. Shoulder**

(YES) (NO)

- |   |       |       |
|---|-------|-------|
| 1. Have you suffered a shoulder injury that has incapacitated you during the past 3 years?<br>If yes, please explain: _____ | _____ | _____ |
|---|-------|-------|

2. Have you had surgery on your shoulder? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

B. Elbow (YES) (NO)  
1. Have you ever suffered from:  
Sprain \_\_\_\_\_  
Hyperextension \_\_\_\_\_  
Dislocation \_\_\_\_\_  
2. Have you ever had surgery on your elbow? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

C. Back (YES) (NO)  
1. Have you ever had a back injury?  
Bulging Disc \_\_\_\_\_  
Nerve Injury \_\_\_\_\_  
Fracture \_\_\_\_\_  
2. Do you experience frequent back pain? \_\_\_\_\_

D. Knee (YES) (NO)  
1. Have you ever suffered a knee injury? \_\_\_\_\_  
2. Were you ever told you had a ligament injury?  
If yes, Right or Left (circle one) \_\_\_\_\_  
3. Were you ever told you had a cartilage injury?  
(meniscus injury) Right or Left? \_\_\_\_\_  
4. Have you ever had knee surgery?  
If yes, Right or Left? \_\_\_\_\_  
5. Have you ever dislocated your kneecap? \_\_\_\_\_  
6. Do you suffer from Osgood-Schlatter's? \_\_\_\_\_

E. Ankle  
1. Have you ever had an ankle fracture? \_\_\_\_\_  
2. Have you ever had ankle surgery? \_\_\_\_\_  
3. Have you ever injured your Achilles tendon? \_\_\_\_\_

IX. General Medical Data (YES) (NO)  
1. Do you have a pin, plate, or screw anywhere  
in your body? \_\_\_\_\_  
2. Were you advised to wear a brace or harness  
during competition? \_\_\_\_\_  
If yes, for what? \_\_\_\_\_  
3. Have you ever experienced an injury because  
of the heat? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
4. Have you ever suffered from any of the following:  
A. Irritable Bowel Syndrome \_\_\_\_\_  
B. Hemorrhoids \_\_\_\_\_  
C. Frequent Constipation \_\_\_\_\_  
D. Blood in Urine \_\_\_\_\_  
E. Kidney Infections \_\_\_\_\_  
F. A Lump or Cyst \_\_\_\_\_

5. Have you ever had any internal organs damaged or surgically removed? \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_
6. Have you ever had any significant additional injuries or illnesses non-athletic? \_\_\_\_\_
7. Has a physician ever told you NOT to participate in sports? \_\_\_\_\_  
 if yes, why? \_\_\_\_\_
8. List below any surgeries you have had:  
 A. \_\_\_\_\_ Date: \_\_\_\_\_  
 B. \_\_\_\_\_ Date: \_\_\_\_\_  
 C. \_\_\_\_\_ Date: \_\_\_\_\_
9. Has a Physician ever told you that you had a heart murmur? (YES) (NO)  
 \_\_\_\_\_
10. Has a Physician ever told you that you have any kind of heart condition? \_\_\_\_\_  
 If yes, Please explain: \_\_\_\_\_

**X. Family History**

Check any diseases that apply to any blood relative

| <u>Disease</u>         | <u>Yes</u> | <u>Who?</u> |
|------------------------|------------|-------------|
| A. Cancer              | _____      | _____       |
| B. Diabetes            | _____      | _____       |
| C. Heart               | _____      | _____       |
| D. High Blood Pressure | _____      | _____       |
| E. Blood Disease       | _____      | _____       |
| F. Sickle Cell Disease | _____      | _____       |

I hereby certify that all the above information is true and answered to the best of my knowledge.

**Athlete's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dyersburg State Community College  
Athletic Department Insurance Information**

\*\*This Form Must Be Completed and Signed For Your Child To Be Eligible To Participate\*\*

Please Print Except Where Signatures Are Asked For.

ATHLETE \_\_\_\_\_ SPORT \_\_\_\_\_ Year \_\_\_\_\_  
                    Last                      First                      Middle

Athlete's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Athlete's Date of Birth \_\_\_\_\_

\*Please Include A Copy of the Front and Back Of Your Insurance Card Plus Copies Of Related Cards, ( Examples: Prescriptions, Dental, Etc.)

**Information about Father/Guardian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Father/ Guardian Social Security Num  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Father/ Guardian DOB: \_\_\_\_\_

Health Insurance:    YES        NO

Policy Holder's Name: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Group Policy # \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (    ) \_\_\_\_\_

Son/Daughter Covered: YES    NO

Is Pre-Authorization Required? \_\_\_\_\_

**Information about Mother/Guardian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Mother/ Guardian Social Security Num  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mother. Guardian DOB: \_\_\_\_\_

Health Insurance:    YES        NO

Policy Holder's Name: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Group Policy # \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Son/ Daughter Covered: YES    NO

Is Pre-Authorization Required? \_\_\_\_\_

**Dyersburg State Community College**  
**Assumption of Risk**

Warning, Agreement to Obey Instruction, Release from Assumption of Risk, and  
Agreement to Hold Harmless

I recognize that playing and practicing in \_\_\_\_\_ can be a dangerous  
(sport)  
activity involving many risks of injury. I also understand that the dangers and the risks  
of playing or practicing to play and participate in \_\_\_\_\_, can, but are not  
(sport)  
limited to, death, serious neck and spinal injuries or other injuries, which could result in  
paralysis; brain damage; serious injury to all internal organs; serious injury to all bones,  
joints, ligaments, muscles, tendons or other aspects of the musculoskeletal system; and  
any injury or impairment to other aspects of my body, general health, and well-being. I  
understand the dangers and risks of playing or practicing to play and participate in  
\_\_\_\_\_ may not result in serious injury, but in serious impairment to my future  
(sport)  
abilities to earn a living; to engage in other business; to social and recreational activities,  
and to generally enjoy life.

Due to the dangers of participating and playing in \_\_\_\_\_, I recognize  
(sport)  
the importance of following coaches' instruction regarding playing techniques, training  
and other team rules, and etc. and to obey such instructions.

In consideration of Dyersburg State Community College permitting me to participate  
and play for Dyersburg State's \_\_\_\_\_ team and to engage in all activities  
(sport)

related to the team, including; but not limited to, trying out; practicing or playing and/or  
participating in \_\_\_\_\_, I hereby assume all risks associated with  
(sport)

participating and agree to hold Dyersburg State Community College and its employees,  
agents, representatives, coaches, medical staff, and/or volunteers harmless from any and  
all liability, actions, causes of action, debts, claims, or demands of any kind and nature  
whatsoever which may arise by or in connection with my participation in any activities  
related to Dyersburg State's \_\_\_\_\_ team.  
(sport)

The terms hereof shall serve as a warning, agreement to obey instruction, release from  
assumption of risk, and agreement to hold harmless to my heirs, estate, executor,  
administrator, assignees, and for members of my family. I understand that signing the  
assumption of risk form is a condition of participating in intercollegiate athletics for  
Dyersburg State Community College. I recognize that I have the opportunity to refuse  
the assumption of risk form and fully understand all risks stated above.

Athlete's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Consent Statement

## Dyersburg State Community College

I hereby authorize my treating physician or any physician designated by the Athletic Trainer of Dyersburg State Community College and/or Sports Plus Rehab Centers to perform treatments necessary for any physical injury sustained within the scope of my intercollegiate sports activities at DSCC, in the event that I am rendered unable to authorize any medical treatment for such injuries. \_\_\_\_\_ (initials)

I hereby authorize DSCC/Sports Plus Rehab Centers/West Tn Healthcare to inspect or secure all copies of case history records, laboratory reports, diagnoses, x-rays and any other information covering this and/or previous confinements and/or disabilities. A photo static copy of this authorization shall be deemed as effective and valid as the original. \_\_\_\_\_ (initials)

I hereby authorize DSCC or its insurance agent to pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by the college. \_\_\_\_\_ (initials)

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's signature \_\_\_\_\_ Date: \_\_\_\_\_