Dyersburg State Community College
Health History Questionnaire
for the Returning Athlete

Please fill out this form completely with "yes/no" answers followed by a brief explanation if "yes"!

Name:_____ S.S#:_____D.O.B:_____

Address:_____

Home Phone:_____ Cell Phone:_____

1. In the past year have you suffered any injury requiring a Physician's care?
(athletic or non-athletic related) YES_____ NO_____
Explain:_____
_____
_____

2. In the past year have you suffered any illness that required a Physician's care?
YES_____ NO_____
Explain:_____
_____
_____

3. Are you currently or have you been taking any medications on a regular basis over the past year? YES_____ NO_____
Explain:_____
_____
_____

4. Do you have any allergies or are you allergic to any medications?
YES_____ NO_____
List:_____
_____

5. Are you feeling healthy and in good physical condition at this time? (If "NO" are you currently under the care of a physician and what symptoms are you having?)
YES_____ NO_____
Explain:_____
_____

I hereby certify that the above questions have been answered completely to the best of my knowledge.

Athlete'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?_____

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: _____