

Whitman College
New Student-Athlete Health History Questionnaire



The information contained in this medical history form will only be used by the Athletic Training Staff of Whitman College for purposes of determining if you pose a health threat / risk to yourself on the athletic field. This information will remain confidential at all times. Please make a copy for your records, and return these forms **BY AUGUST 1st**:

**WHITMAN COLLEGE ATHLETIC TRAINING
345 BOYER AVE
WALLA WALLA, WA 99362**

(Please print clearly in BLUE or BLACK ink)

NAME: Last _____ First _____ Today's Date _____
 Whitman ID # _____ Sex: Male Female School Year _____
 Date of Birth _____ Sport(s) _____
 Year of Eligibility: Freshman Sophomore Junior Senior 5th Yr.

PERMANENT ADDRESS:

 Street

 City State Zip

 Home Phone Cell Phone

LOCAL ADDRESS / DORM:

 Street / Dorm and Room #

 City State Zip

 Home Phone Cell Phone

EMERGENCY CONTACT INFORMATION:

Name _____
 Relationship _____
 Address (if different from permanent address):

 Street

 City State Zip

 Home Phone Cell Phone

Name _____
 Relationship _____
 Address (if different from permanent address):

 Street / Dorm and Room #

 City State Zip

 Home Phone Cell Phone

INSURANCE INFORMATION – Please include a copy of the front AND back of your insurance card

Do you subscribe to the Whitman College Student Insurance Plan? Yes No

Policy Holder _____

Insurance Company _____

Policy Holder Employer _____

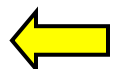
Street / P.O. Box _____

Type of Plan: HMO PPO POS
 Plan / Group # _____

City State Zip _____

Policy # _____

Phone _____



Whitman College New Student-Athlete Health History Questionnaire

Physicians					
<u>Primary</u>			<u>Secondary</u>		
Name _____			Name _____		
Specialty _____			Specialty _____		
Street _____			Street _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Phone _____			Phone _____		

Cardiovascular Risk Factors:

- Have you ever had chest pain and/or shortness of breath during or after exercise / practice? Yes No
- Have you ever felt dizzy, lightheaded, and/or passed out during or after exercise / practice? Yes No
- Have you ever been told that you have a heart murmur? Yes No
- Has any family member or relative died of heart problems and/or sudden death before age 50? Yes No
- Has a physician ever denied or restricted your participation due to any cardiovascular problems? Yes No
- Does anyone in your family have a history of high blood pressure? Yes No
- Have you ever been told that you have high blood pressure? Yes No
- If you answered "Yes" please describe and include dates where necessary _____
-

Allergies:

- Are you allergic to and/or ever had an unexpected reaction to any medication? Yes No
- Are you allergic to and/or ever had an unfavorable reaction to any food items? Yes No
- Are you allergic to and/or ever had an unexpected reaction to bee stings, insect bites, etc.? Yes No
- Have you ever been diagnosed with seasonal allergies? Yes No
- Are you presently taking/have you previously taken any allergy medications? Yes No
- Do you carry, or require, an epinephrine pen for any of the above allergies? Yes No
- If you answered "Yes" please describe and include dates where necessary _____
-

Asthma:

- Have you ever been diagnosed with asthma and/or exercise induced asthma? Yes No
- Are you presently taking/have taken any asthma medications? Yes No
- Have you ever been advised not to participate in athletic activities due to asthma? Yes No
- How many times do you use your inhaler during an average week? _____
- If you answered "Yes" please describe and include dates where necessary _____
-

Head Injuries / Concussion:

- Have you ever suffered a head injury/concussion? Yes No
- Were any tests performed? X-Ray MRI CT-Scan Neurological Testing Other _____
-



Whitman College

New Student-Athlete Health History Questionnaire

Have you ever been hospitalized, unconscious, and/or lost memory due to a head injury? Yes No

Do you suffer from headaches and/or migraines? Headaches Migraines

If you answered "Yes" please describe and include dates where necessary _____

Sickle Cell Anemia:

Have you ever been tested for sickle cell anemia that you are aware of? Yes No

Does any family member carry the sickle cell trait or have sickle cell anemia? Yes No

Have you ever been advised that you carry sickle cell trait or have sickle cell anemia? Yes No

If you answered "Yes" please describe and include dates where necessary _____

Heat Related Problems:

Have you ever suffered from a heat related injury? Yes No

Have you ever been hospitalized for a heat related problem? Yes No

If you answered "Yes" please describe and include dates where necessary _____

Diabetic History:

Have you ever been diagnosed with diabetes? Yes No

Are you presently taking or have taken any diabetic medication? Yes No

If you answered "Yes" please describe and include dates where necessary _____

Psychological:

Have you ever been diagnosed with a psychological, mood, or anxiety disorder? Yes No

Have you ever been on medication to control your mood or anxiety? Yes No

Has any family member been diagnosed with a psychological, mood, or anxiety disorder? Yes No

If you answered "Yes" please describe and include dates where necessary _____

Orthopedic Injuries:

Have you ever suffered an injury to:

Cervical spine/neck? Yes No Spine/low back? Yes No

Shoulder/upper arm? Yes No Elbow/forearm? Yes No

Hip/groin? Yes No Thigh/upper leg? Yes No

Knee/patella? Yes No Ankle/lower leg? Yes No

Foot/toes? Yes No Ribs/chest? Yes No

Abdomen/stomach? Yes No Hand/fingers/wrist? Yes No

If you answered "Yes" please describe and include dates where necessary _____



Whitman College New Student-Athlete Health History Questionnaire

If you answered "Yes" to any of the previous, please explain: _____

If you have had surgery or been under the care of a physician for a medical condition in the past twelve (12) months that has restricted your athletic participation in any way, you must provide the Whitman College Athletic Training Department with a written release from the attending physician for participation in activities related to your condition and the specific sport you intend to participate in prior to **ANY** conditioning, practice, or competition. Please include surgical notes and/or test reports.

Medications:

Please list **ALL** prescription and over the counter medications that you are **CURRENTLY** taking or have taken in the past two (2) years and for what purpose:

<u>Medication</u>	<u>Purpose</u>	<u>Dosage</u>	<u>Date(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****PLEASE NOTE**** If you are currently under the care of a physician for ADD/ADHD and/or are currently taking prescribed medication for ADD/ADHD, the NCAA requires specific documentation as the contents of particular medications may contain substances on the NCAA list of banned substances. To assist with this process refer to the Attention Deficit Hyperactivity Disorder (ADHD) Medication Exemption Documentation Form located on the Whitman College Athletic web site.

Supplements / Ergogenic Aids:

Please list **ALL** supplements/ergogenic aids that you are **CURRENTLY** taking or have taken in the past twelve (12) months and for what purpose:

<u>Supplement</u>	<u>Purpose</u>	<u>Dosage</u>	<u>Date(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* For a list of NCAA banned substances, please visit the [Whitman College Athletic Training Website](#)



Whitman College

New Student-Athlete Health History Questionnaire

Upon matriculation into Whitman College Athletics I truthfully disclosed my medical history to the Whitman College Athletic Training Department and confirm that I am in excellent physical condition. Upon reporting to Whitman College, I completed a "Health History Questionnaire" form and obtained a physical exam by a Medical Doctor, Nurse Practitioner or Physicians Assistant. Recognizing that my true physical condition is dependent upon an accurate medical history and full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing my prior medical history; that my Health History Questionnaire Form was fully and accurately completed; that all of my present symptoms, complaints, ailments, disabilities, and/or prior injuries have been disclosed in writing to and discussed with a member of the Whitman College Sports Medicine Staff or the physician performing my physical exam; and that I am not suffering from any complaints, prior injuries, ailments, disabilities, conditions, or problems not so disclosed and discussed. Furthermore, I consent to laboratory analysis, urine screen, blood chemistry, orthopedic, internal, and any other examination deemed necessary to determine my physical/mental condition, understanding that I may be held financially responsible for such exams.



Student-Athlete Signature

_____/_____/_____
Date

Student-Athlete Printed Name

Sport

OR

Parent/Guardian Signature (if under 18)

_____/_____/_____
Date

Parent/Guardian Printed Name (if under 18)

Reviewed By Athletic Training Staff:

Reviewers Signature

_____/_____/_____
Date

Reviewers Printed Name




Whitman College New Student-Athlete Health History Questionnaire

Authorization and Assumption of Risk Waiver

I, the undersigned, hereby acknowledge, affirm, and represent the following:

A. Medical Treatment

I hereby authorize the Whitman College athletic trainers, team physicians, paramedics and emergency medical technicians (EMTs), and designated medical staff to examine and treat any injuries which may occur, while participating in intercollegiate athletics for Whitman College. I authorize the athletic trainers, team physicians, paramedics, EMTs, and designated medical staff to communicate with athletic department officials and coaching staff regarding their findings and recommendations. I further understand that the team physician and/or his/her designee have the authority to eliminate me from participation as a student-athlete due to an injury/illness, and/or due to undue liability risk of Whitman College.

 _____ Student-Athlete Initials

B. Statement of Medical Insurance

I understand that as a student-athlete at Whitman College I must be covered by individual health insurance before participating in any strength and conditioning session, practice, game, and/or competition. This insurance shall be considered the **PRIMARY** insurance coverage for all athletic related injuries. I understand that the Whitman College Athletic Department provides a **secondary** insurance for injuries reported to the Whitman College Athletic Training Staff, occurring during supervised and official varsity practices, competitions, and/or travel to/from such event. I understand that the National Collegiate Athletic Association (NCAA) provides a catastrophic insurance program for student-athletes seriously injured in practices, games or competitions, and/or related travel that was supervised by approved University coaching staff and approved by the Director of Athletics according to NCAA regulations. **THESE POLICIES, HOWEVER, ARE SECONDARY TO, OR IN EXCESS OF, THE STUDENT-ATHLETE'S INDIVIDUAL HEALTH INSURANCE AND WILL COVER RELATED EXPENSES FOR TWO YEARS AFTER THE INITIAL DATE OF INJURY.** In addition, I further understand and agree that the insurance of Whitman College Department of Intercollegiate Athletics is not effective for an aggravation or re-injury to a pre-existing injury, and therefore, Whitman College and their officers, employees, and agents will not be liable for any expenses resulting from such injury, regardless of its disclosure to the team physician(s) and/or members of the Sports Medicine Department.

 _____ Student-Athlete Initials

C. Assumption of Risk


I am aware that playing, practicing, training, and/or other involvement in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**, including, but not limited to the potential for catastrophic injury. I understand that the dangers and risks of playing, practicing, or training in any athletic activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. Because of the aforementioned dangers of participating in any athletic activity, I recognize the importance of following all instructions of the coaching staff, strength and



Whitman College

New Student-Athlete Health History Questionnaire


conditioning staff, and/or Athletic Training Department. Furthermore, I understand that the possibility of injury, including catastrophic injury, paralysis and permanent disability does exist even though proper rules and techniques are followed to the fullest. I also understand that there are risks involved with traveling in connection with intercollegiate athletics. In consideration of Whitman College permitting me to participate in intercollegiate athletics and to engage in all activities and travel related to my sport, I hereby voluntarily assume all risks associated with participation and agree to hold harmless, indemnify, and irrevocably and unconditionally release Whitman College and its officers, agents, and employees from any and all liability, any medical expenses not covered by the Whitman College Intercollegiate Athletics' medical insurance coverage, and any and all claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to intercollegiate athletics. The terms hereof shall serve as release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

 _____ Student-Athlete Initials

D. Authorization

I fully understand that the above authorizations shall be effective and valid for one year after the termination of my playing and/or academic career at Whitman College.

I hereby attest that I have read and fully understand the Whitman College Athletic Department's Authorization and Assumption of Risk Waiver. Further, I agree to abide by all the requirements set forth, and I understand that failure to abide by the requirements could result in unfavorable health consequences.

 _____ /_____/_____
Student-Athlete Signature Date

Student-Athlete Printed Name Sport

OR

Parent/Guardian Signature (if under 18) Date

Parent/Guardian Printed Name (if under 18)

