



Whitman College

Returning Student-Athlete Health History Questionnaire Form



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
C/O STANTON HOUSE
345 BOYER AVE
WALLA WALLA, WA 99362**

(please **TYPE** or print clearly in **BLUE** or **BLACK INK**)

Name _____ New Athlete Returning Athlete Date _____
 Whitman ID # _____ Year of Eligibility: Freshman Sophomore Junior Senior 5th Yr.
 Date of Birth _____ Sex: Male Female Sport(s) _____

PERMANENT ADDRESS:

LOCAL ADDRESS/DORM:

STREET

CITY STATE ZIP CODE

HOME PHONE CELL PHONE

STREET / DORM & ROOM #

CITY STATE ZIP CODE

LOCAL PHONE E-MAIL

EMERGENCY CONTACT INFORMATION:

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

 STREET

 CITY STATE ZIP CODE

 HOME PHONE WORK PHONE

 CELL PHONE

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

 STREET

 CITY STATE ZIP CODE

 HOME PHONE WORK PHONE

 CELL PHONE

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

Are you on the Whitman College Student Health Insurance Plan?
 Have you changed insurance plans since last year?
 If yes, please provide the following:

Yes No
 Yes No

Policy Holder _____

 ADDRESS

 Policy Holder's Employer _____
 Type of Plan: HMO PPO POS
 Plan/Group# _____
 Policy # _____

Insurance Company _____

 STREET/P.O. BOX

 CITY STATE ZIP CODE

 PHONE
 Rx # _____

To be filled out by Student-Athlete

Have you sustained any new orthopedic injuries since the 2008-2009 season of intercollegiate competition? Yes No
If yes, did it require the care of a physician? Yes No

If yes, please explain _____

Have you been under the care of health care professional for any new physical or psychological conditions / illness since the 2008-2009 season of intercollegiate competition? Yes No
If yes, did it require the care of a physician? Yes No

If yes, please explain _____

Do you have any *previous* or *ongoing* medical conditions/injuries that have affected you since the 2008-2009 season of intercollegiate competition? Yes No

If yes, please explain _____

Do you have any concerns about your health that may affect your ability to participate in intercollegiate athletics during the 2009-2010 season? Yes No

If yes, please explain _____

Have you experience weight change in the last year? Yes No

If yes, what was your highest weight? _____ What was your lowest weight? _____ What is your ideal weight?

Have you significantly changed your dietary habits in the last year? Yes No

If yes, please explain: _____

Have you had a change in alcohol use, or illicit drug use in the last year? Yes No

If yes, please explain: _____

For Women Only: Have you experienced a change in menstruation in the last year? Yes No

If yes, 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, beginning August 1, 2009 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 Information Form located on the Whitman College Athletics 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 the 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

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, for the 2009-2010 academic year, 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 a 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 Print Name

OR

Parent/Guardian Signature (*only if under 18 years of age*)

Date

Parent/Guardian Print Name

Reviewed By Athletic Training Staff:

Reviewer's Signature

Date

Reviewer's Printed Name



Whitman College
H.I.P.P.A. Release Authorization of
Student-Athlete Protected Health Information



I, _____, authorize the Athletic Training Staff of Whitman College, Michael Wilwand D.O., and any other designated team physician(s), Whitman College Student Health Center and Counseling Center staff, paramedic(s) or other health care provider(s) associated with intercollegiate athletic participation at Whitman College, to release any and all information regarding my health or medical condition to any treating or attending health care provider in the normal and regular course of any treatment or procedure I may require as a result of my participation in intercollegiate sports, as well as to the health care providers at any treating hospital or other medical facility.

I authorize the Whitman College Athletic Training Staff to release such medical information to coaches, administrators, and designated medical personnel as it pertains to my safety and continued medical care. I also authorize communication with the following (list parents, relatives, legal guardians, etc.), to whom information about your medical conditions may be communicated to:

1. _____
2. _____
3. _____

This authorization is valid until August 1, 2010, or for the entirety of any injuries/illnesses that occur during the 2009-2010 academic year, for which I receive any medical treatment, and for any follow up consultations which are received for injuries that occur as a result of my participation in intercollegiate athletics. I also understand that I may revoke this authorization at any time by providing written notice to the Whitman College Head Athletic Trainer.

All participants in the 2009-10 Whitman College intercollegiate athletics must complete this form as a condition of participation.

 Student-Athlete Signature

 Date

 Student-Athlete Print Name

 Sport

OR

 Parent/Guardian Signature (*only if under 18 years of age*)

 Date

 Parent/Guardian Print Name



Whitman College Intercollegiate Athletics 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 preexisting 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 conditioning staff, and/or Athletic Training Department. Furthermore, I understand that the possibility of injury, including catastrophic injury, 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 Print Name

Sport

OR

Parent/Guardian Signature *(only if under 18 years of age)*

Date

Parent/Guardian Print Name