

Armstrong Atlantic State University Medical History Questionnaire

1) Have you ever been knocked-out, experienced a concussion/head injury in the last 2 years?

Yes _____ No _____ If Yes, how many times? _____ Was hospitalization required? _____

2) Have you ever had an injury to your neck involving whiplash, nerve, bone, or disc?

Yes _____ No _____ If Yes, how many times? _____ Was hospitalization required? _____

Did the injury require you to miss athletic activity? _____ Please explain: _____

3) Have you ever dislocated, separated, or injured you shoulder?

Yes _____ No _____ If Yes, did the injury require you to miss athletic activity? Yes _____ No _____

Please explain: _____

4) Have you ever injured your elbow, hand, wrist, or fingers?

Yes _____ No _____ If Yes, what body part? _____

Did the injury require you to miss athletic activity? Yes _____ No _____ Please explain: _____

5) Have you ever injured your back or suffer from chronic back pain problems?

Yes _____ No _____ If Yes, how many times? _____ Was hospitalization required? Yes _____ No _____

Please explain: _____

6) Have you ever injured the ligaments or cartilage in your knee?

Yes _____ No _____ If Yes, how many times? _____

Did the injury require you to miss athletic activity? Yes _____ No _____ Please explain: _____

7) Have you ever injured your ankle or sustained chronic sprains?

Yes _____ No _____ If Yes, how many times? _____

Did the injury require you to miss athletic activity? Yes _____ No _____ Please explain: ??? _____

8) Have you ever sustained repeated or chronic muscles strains, pulls, or tears?

Yes _____ No _____ If Yes, how many times? _____

Did the injury require you to miss athletic activity? Yes _____ No _____ Please explain: _____

9) Have you ever been advised by a physician to have surgery for an injury?

Yes _____ No _____ If Yes, what body part? _____

Did the injury require you to miss athletic activity? Yes _____ No _____ Please explain: _____

10) Have you ever been advised by a physician that you have a heart or lung condition?

Yes _____ No _____ If Yes, what condition? _____

Was surgery performed? Yes _____ No _____ Please explain: _____

11) Have you ever fainted, became dizzy, had shortness of breath, head-ache or blacked-out with exercise or athletic activity?

Yes _____ No _____ If Yes, how many times? _____

Was hospitalization or doctor's exam required? Yes _____ No _____ Please explain: _____

12) Have you ever been advised by a physician that you have high blood pressure?

Yes _____ No _____ If Yes, what treatment are you undergoing? _____

13) Have you ever been tested or diagnosed for exercise induced asthma?

Yes _____ No _____ If Yes, are you taking medications for this condition? Yes _____ No _____

If Yes, what are the medications? _____

14) Have you ever sustained a heat stress or heat exhaustion injury with an athletic activity?

Yes _____ No _____ If Yes, how many times? _____ Was hospitalization required? Yes _____ No _____

15) Are you missing a paired organ (kidney, eye, testicle, ovary)?

Yes _____ No _____ If Yes, which one? _____

16) Has anyone in your family died of a sudden condition involving a heart condition under the age of 45?

Yes _____ No _____

17) Do you wear any special braces, pads, taping, or other protective devices?

Yes _____ No _____ Please explain: _____

18) Have you sustained repeated or chronic over-use type injuries or conditions (ex. Shin splints, tendonitis, bursitis)?

Yes _____ No _____ If Yes, what body part? _____

Did the injury require you to miss athletic activity? Yes _____ No _____ Please explain: _____

19) Do you suffer from any mental or emotional conditions that require a physician's care or a form of drug therapy?

Yes _____ No _____ If Yes, please explain: _____

**Armstrong Atlantic State University
Acceptance of Risk/Liability Waiver
(Try-outs/Evaluations)**

1. The undersigned hereby certifies that the answers to the attached Medical History Questionnaire are correct, true and honest.
2. Certifies that he/she has completed and passed a physician-validated physical examination for athletic participation within the year. The undersigned also attests that he/she is currently in a status of good health and is fully able to participate in vigorous athletic activity without consequence.
3. Recognizes and accepts the risk of injury, permanent disability, and death inherent in his/her sport. Understands that even with the best of coaching, use of protective equipment and strict observance of rules, injuries are still a possibility. On rare occasion, these injuries can be so severe as to result in total disability, paralysis, or even death.
4. Will promptly notify the coaching staff or athletic training staff of any changes in his/her health status, including injuries or illness occurring prior to or during his/her athletic participation.
5. Understands that the athletic training staff may review the Medical History Questionnaire and if necessary further evaluate a condition of question and/or restrict and even limit his/her athletic participation.
6. I grant permission to the Armstrong Atlantic State University Athletic Training Staff to provide and/or secure treatment for myself for any athletic injury or illness that may occur during my athletic participation.
7. I give the Armstrong Atlantic State University athletic staff, athletic training personnel and the student health services staff my permission to release. Written and/or orally, any information concerning my injuries/illnesses to one another.
8. I further understand and agree that any medical bill incurred as a result from injury/illness sustained during my athletic participation shall be my responsibility, as no medical insurance can be provided for me by Armstrong Atlantic State University during my try-out/athletic evaluation activity.

We understand, have read and fully understand the preceding policy statement and agree to follow its procedures. We also hereby release Armstrong Atlantic State University, its agents and employees, particularly the athletic staff, from any liability caused by, or arising out of the athlete's participation in the colleges' athletic programs. I also understand this information shall remain confidential among the coaches and athletic training staff.

Please note: This acceptance of risk/liability waiver shall remain valid for ONE DAY ONLY.

Print Student's Name: _____ Age: _____ D.O.B.: ____/____/____

Student's Signature: _____ Date: ____/____/____

Parent's Signature (if minor) _____ Date: ____/____/____

High School or College _____ City _____ State _____

I, _____, will be participating in an Armstrong Atlantic State University athletic tryout for the sport of _____ on ____/____/____.

ATC Approval _____ Date _____