

BETHEL UNIVERSITY HEALTH HISTORY UPDATE

Name _____ I.D. #: _____

Birthdate _____ Sport _____

Good health is an important component of a safe athletic program. This annual form must be completed and evaluated by the Health Service before the student-athlete will be permitted to practice or play. The National Collegiate Athletic Association recommends that all student-athletes have a qualifying medical evaluation upon initial entrance into an institution's intercollegiate athletic program, and an annual "health-status" review thereafter. Bethel University supports this NCAA policy. Further medical evaluations may be required for specific matters.

The following questions must have current answers by the student-athlete. Circle your answers.

- 1. Do you have any chronic illness or see a health care provider regularly for a particular problem? Yes No
If yes, please explain. _____
- 2. Have you been 1) hospitalized or 2) had a major illness or 3) injury (including concussion or loss of consciousness) since your last doctor's examination or health history update? If yes, explain. _____ Yes No
- 3. Are you currently ill or not feeling well in any way? Yes No
If yes, explain. _____
- 4. Do you currently have any incompletely healed injury? If yes, explain. _____ Yes No
- 5. Are you taking any medication on a regular or continuing basis? If yes, what medication and for what reason? _____ Yes No
- 6. Are you currently taking any short-course medication for specific current illness, etc.? If yes, what medication and for what reason? _____ Yes No
- 7. Do you have fainting or dizzy spells? Yes No
If so, has this ever occurred during exercise? If yes, explain. _____
- 8. Do you ever have chest pains during exercise or athletic activity? Yes No
If yes, explain. _____
- 9. Do you ever have excessive, unexplained shortness of breath or fatigue with exercise? Yes No
If yes, explain. _____
- 10. Have you ever had a brief loss of consciousness during exercise? Yes No
If yes, explain. _____
- 11. Do you have any history of a heart murmur or elevated blood pressure? Yes No
If yes, explain. _____
- 12. Does your family have a history of premature death or death from heart disease in a relative younger than age 35? If yes, explain. _____ Yes No
- 13. Is there any occurrence of Marfan's syndrome, hypertrophic cardiomyopathy, dilated cardiomyopathy or long QT syndrome in your family? If yes, explain. _____ Yes No

14. Have you had a weight change of more than 5-10 lbs.? If yes, explain. _____ Yes No

15. What is your conditioning status at this time? Good Fair Poor

16. Do you know of, or do you believe there is, any health reason why you should not participate in the Bethel University intercollegiate athletic program at this time? If yes, explain. Yes No

Women Only:

1. Have you had at least on period in the past 90 days? Yes No

-If not, when was your last period? _____

2. Women only: Are you currently taking any medications to induce your period? (ie birth control pill, etc...) Yes No

-If yes, what medications? _____

I, the undersigned, herewith,

A. Understand that I must refrain from practice or play while ill or injured, whether or not receiving medical treatment, and during medical treatment until I am discharged from treatment or given permission by the clinical practitioner to restart participation despite continuing treatment.

B. Understand that having passed the physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify me at the time of said examination.

C. Certify that the answers to the questions above are correct and true.

Date: _____ Signed: _____

Health Service Use: Last tetanus booster:
Date of Dr. exam: