



**INTERCOLLEGIATE ATHLETE  
MEDICAL HISTORY QUESTIONNAIRE**

*THIS FORM IS TO BE COMPLETED BY A PARENT OR GUARDIAN*

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Sport(s):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN  
IN FURTHER DETAIL IN THE SPACE PROVIDED BELOW.**

*Have you or any member of your immediate family (athlete's siblings, parents and/or grandparents) had  
any of the following:*

CONDITION/ILLNESS	ATHLETE			FAMILY	
	YES	NO		YES	NO
High Blood Pressure					
Heart Attack/Stroke					
Sudden Death (before age 55)	<del> </del>	<del> </del>			
Blood Disease (Sickle Cell Anemia, Leukemia)					
Cancer					
Diabetes					
Epilepsy/Seizure Disorders					
Heart Abnormality (Arrhythmia, Murmur)					
Lung/Respiratory Disorders					
Heat Related Illness					
Severe Asthma/Breathing Disorders					

Please Explain "YES" answers in detail in the space provided below:

Please indicate the date of the athlete's last tetanus shot: \_\_\_\_\_