



BOWLING GREEN STATE UNIVERSITY

ATHLETIC TRAINING - RETURNING MEDICAL UPDATE

Name: _____ Sport: _____

All answers pertain to the period of time from August 1 of last year and the summer break.

If YES; explain what/when/prescriptions/doctor's name, address phone number. Circle answers, fill in blanks.

YES NO 1. Have you experienced a **CONCUSSION** or **INJURY** to the **HEAD** since last season?

YES NO 2. Have you experienced any **JOINT** or **LIMB** injury and/or pain since last season?

YES NO 3. Have you had any **X-RAYS, DIAGNOSTIC TESTING** or **DENTAL WORK** since last season? _____

YES NO 4. Any **SURGERY** or **ILLNESS** of any type since last season?

YES NO 5. Have you been **HOSPITALIZED** or **UNDER A PHYSICIAN'S CARE**?

YES NO 6. Do you have any **NEW HEALTH CONDITIONS** or **HEALTH CONCERNS** since you last participated in your sport? (i.e. High Blood Pressure, heat related problems, shortness of breath, asthma, diabetes)

YES NO 7. Do you have any **ALLERGIES** or take any **MEDICATIONS** or **SUPPLEMENTS**?

YES NO 8. Have you **FELT DIZZY, PASSED OUT, HAD CHEST PAIN,** or **RACING OR SKIPPED HEART BEATS** in the last year?

YES NO 9. Have you been fitted for **CONTACTS** or **GLASSES** since you last played (circle which)?

YES NO 10. Do you have any **CURRENT SKIN PROBLEMS** or **ASTHMA** (what medications if so)?

YES NO 11. Do you know of any health reasons you should not participate in athletics at BGSU?

Please sign below to certify that the above information is current and accurate.

Athlete Signature: _____ Date: _____

Athletic Trainer's Signature: _____ Date: _____