

**UNIVERSITY OF ILLINOIS AT SPRINGFIELD SPORTS MEDICINE DEPARTMENT
RETURNING STUDENT-ATHLETE PREPARTICIPATION HEALTH QUESTIONNAIRE**

Instructions: (Please Read Carefully): This form is to review your health history since your last preparticipation physical examination or questionnaire. We are interested in knowing about any changes in your personal health history in the past year. If you need to further explain any condition, please use the explanations of answers portion of this form. Please circle each question YES or NO.

Name:		Date:	Sport:	Birth Date:	Age:
UIN:	Academic Year: 2011-2012	Year: (circle one) FR SO JR SR 5th			
Parent/Guardian Names (s):		Athlete's Local Address:			
Home Address:		City/State/Zip:			
City/State/Zip:		Local Phone (AC):			
Home Phone (AC):		Email Address:			
Business Phone (AC):		Father:			
Mother:					

Questions:

1. Have you ever had a preparticipation physical at The University of Illinois at Springfield? YES NO
2. Do you have any congenital or chronic condition or injury that requires ongoing or periodic medical supervision, medication or other forms of therapy (e.g. diabetes, asthma)? YES NO
If YES, please describe condition and care.
3. Are you presently taking any medication (s)? **If yes, please list and explain.** YES NO
4. **Are you presently taking any nutritional supplement (s)? If yes, please list.** YES NO
5. Any new allergies to medicine: YES NO
6. Since your last medical examination or questionnaire, have you experienced any of the following as a result of exercising or stopped exercising as a result of same: chest pain, irregular heartbeat, shortness of breath, dizziness, or fainting? YES NO
If YES, please explain:
7. a. Have you ever sustained a head injury of any type/severity since your last PE? YES NO
If YES, please explain:
b. Any frequent headaches? YES NO
If YES, please explain
8. a. Please circle YES any musculo-skeletal injuries to the body parts below.(e.g. sprain, strain, fracture, dislocation) which has occurred since your last physical exam and explain in the space provided:

Neck	YES	NO	Shoulder	YES	NO	Elbow	YES	NO
Wrist	YES	NO	Hand	YES	NO	Back	YES	NO
Hip/Pelvis	YES	NO	Upper Leg	YES	NO	Lower Leg	YES	NO
Ankle	YES	NO	Foot	YES	NO	Knee	YES	NO
- b. Have you received orthopedic surgery for any of the above bone or joint injuries? YES NO
If yes, please explain.
9. a. Was any injury listed above evaluated by the Sports Medicine Staff at UIS? YES NO
If not, please explain.
b. Have you recovered fully from any injury listed and returned to full participation? YES NO
c. Are you now wearing any type of orthosis or brace since your last exam? YES NO
If YES, please explain:
10. a. Have you suffered from any illness (other than cold/flu) or other conditions since your last physical examination/questionnaire (e.g. mono, hepatitis)? YES NO
If YES, please explain:
b. Have you fully recovered? YES NO
If NO, please explain

11. Have you experienced any of the following since your last exam. If yes please explain below.
- | | | |
|------------------------------------|-----|----|
| Unexplained weight loss or gain | YES | NO |
| Abdominal pain/chronic diarrhea | YES | NO |
| Wounds that do not heal | YES | NO |
| Excessive urination | YES | NO |
| Loss of paired organ | YES | NO |
| Visual changes or injury to an eye | YES | NO |
12. Have you ever been hospitalized for any condition since your last exam?
If YES, please explain _____
13. Have you had non-orthopedic surgery since your last exam? YES NO
If YES, please explain _____
14. Have you ever been treated for an eating disorder since your last exam YES NO
If YES, please explain: _____
15. FEMALES ONLY: Have you missed any menstrual periods in the past 12? YES NO
If YES, how many _____
16. In the past 12 months have you been treated by any physician or health care provider other than the University of Illinois at Springfield Sports Medicine Staff? YES NO
If YES, please explain: _____
17. Do you have any questions or other conditions not listed you would like to discuss or have evaluated by a team physician? YES NO
If YES, please explain _____
18. Is there any health reason why you should not participate in intercollegiate athletics? If so, why? YES NO

I verify that all the above information is accurate and complete. I understand that the University of Illinois at Springfield is not responsible for expenses related to pre-existing conditions or non-athletic related injuries. In addition, I authorize the University of Illinois at Springfield Sports Medicine to release any and all medical records to appropriate medical consultants as deemed necessary by the Team Physician. Further, I do hereby give consent for treatment at the athletic training rooms in the athletic department, local hospitals, and other health care providers as referred to by the University of Illinois at Springfield Sports Medicine Department.

Signature of Athlete: _____ Date: _____

Vitals Examination: (U/A if abnormal last year or not completed) U/A: _____ WBC: ____, Nit ____, Prot ____, pH ____, Bld: ____, sp gr ____, Ket ____, Gluc. ____.	Height:	Weight:
	Blood Pressure:	Pulse:

ATHLETIC TRAINING STAFF REVIEW

Cleared for Participation: YES NO _____ (Referral to Physician for Medical Clearance)
 Reviewing Staff Member: _____ Date: _____
 Reviewing Physician: _____ Date: _____

Physician Evaluation:

Condition(s): _____

Comments: _____

Medical Status: Cleared Cleared with Restrictions Failed

Provider Name: _____

Provider Signature: _____ Date: _____