

UMBC Returning Student Athlete Medical Update

Please read through the following questions and answer them as completely as you can with regard to changes incurred during the interim period from school. The information that is listed within this document will remain **CONFIDENTIAL** at all times. The purpose of this form is to assist the Sports Medicine Staff to determine if a potential risk exists for athletic activity.

Name _____ **School (local) Address:**
Social Security # _____ Street _____
Campus ID # _____ City _____ State _____ Zip _____
Date of Birth _____ Sport _____

Allergies

1. Have you experienced or had any problems with seasonal allergies? Yes No
2. Were you prescribed or currently taking any over the counter allergy medications? Yes No
3. Have you developed any new allergic reactions to any medications, food items, or insect stings? Yes No

Asthma

4. Were you recently diagnosed with asthma and/or exercise induced asthma? Yes No
5. Are you currently using an inhaler or asthma medication? Yes No

Cardiovascular

6. Did you experience any chest pain, shortness of breath or passed out during exercise or at rest? Yes No
7. Were you seen by a physician or seek medical attention for any of the following:
 Dizziness/Light-headedness Heart Palpitations Other (Echo, EKG, stress test)
 Light-headedness Heart Murmur
8. Has a physician limited your activity for any cardiovascular reasons? Yes No

Heat Related Problems

9. Experienced any heat-related problems during training? Yes No

NOTE (for sports medicine staff only):

Head/Neck/Concussions

10. Have you suffered from any head or neck related injuries, including a concussion or stinger? Yes No
11. Have any of the following tests been performed for diagnostic purposes:
 X-ray Neuropsychological Testing MRI
 CT Scan Other

NOTE (for sports medicine staff only):

Eyes/Ear/Nose/Throat/Face/Dental

12. Have you experienced any injury to your ears, nose, throat, eyes, or face? Yes No
13. Any changes in your vision or hearing that required an assistive or corrective device, including contact lenses, glasses or hearing aids? Yes No
14. Have you suffered any injury to your jaw, mouth or teeth? Yes No
15. Have you had any surgery or medical procedure performed to the above body parts? Yes No

NOTE (for sports medicine staff only):

Abdomen/Ribs/Thorax/Chest

16. Have you experienced any injuries to the abdomen, ribs, thorax or chest? Yes No
17. Had any diagnostic tests performed to any of these body parts? Yes No
18. Had to seek medical attention for injury to any of these body parts? Yes No

Upper Extremity

19. Have you experienced any injuries to your LEFT/RIGHT shoulder? Yes No
20. Have you experienced any injuries to your LEFT/RIGHT elbow or forearm? Yes No
21. Have you experienced any injuries to your LEFT/RIGHT wrist, hand or fingers? Yes No
22. Have any diagnostic tests, including x-ray's or MRI's been performed on any part of the upper extremity? Yes No

NOTE (for sports medicine staff only):

Low Back/Spine/Sacroiliac Joint

23. Have you experienced any injury to your low back, spine or sacroiliac joint? Yes No
24. Have you sought medical attention from a chiropractor or any other healthcare professional? Yes No
25. Have you gone to physical therapy for rehabilitation to any of the above body parts? Yes No
26. Had any diagnostic imaging performed including, x-ray's, MRI's, bone scan, other? Yes No

NOTE (for sports medicine staff only):

Lower Extremity

27. Suffered any injuries to the hip/groin/thigh/hamstring/quadriceps? Yes No
28. Have you suffered any injury to the knee or patella? Yes No
29. Have you suffered any injury to the lower leg, ankle, feet or toes? Yes No
30. Did you miss any time from training/competition due to injury to one of the above? Yes No
31. Were any diagnostic tests such as x-rays, MRI's or bone scans performed? Yes No
32. Did you seek medical attention for any injury to the lower extremity? Yes No
33. Did you go to rehab or physical therapy for any injury to the lower extremity? Yes No

NOTE (for sports medicine staff only):

I, the undersigned, hereby acknowledge, affirm, and represent that all statements on the previous pages are true and accurate to the best of my knowledge; and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I understand and acknowledge that my health and physical welfare may be jeopardized as a result and that I may suffer physical harm.

Student-athlete Signature

Date

Student-athlete Print Name

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Witness

Date

Sports Medicine Staff Reviewed By:

Reviewer's Signature

Date