

Boston College Club Sports Medical History Questionnaire

Name _____ Eagle ID _____

Sport _____ Year of Graduation _____ Date _____

Yes	No	Please answer the following questions by placing a check in the corresponding box. *If you answer "Yes" to any of the following please explain and include relevant dates
		Have you ever been hospitalized?
		Have you ever had an operation?
		Have you had any injuries to your neck or back?
		Have you had injuries of any bones or joints?
		Have you ever seen a physician for a sports related or chronic injury?
		Have you had any head injuries and/or loss of consciousness? How many times?
		Are you on any medications now? Please list:
		Do you have any medical complaints now?
		Do you currently wear any padding, bracing, or require any taping?

Yes	No	Do you have or have you had any of the following?
		Allergies? To what?
		To Medications?
		Asmtha?
		Fainting Spells or Epilepsy?
		History of Heart Condition?
		Heart Murmur?
		Irregular Heart Beat?
		High Blood Pressure?
		Blackouts, fainting, or dizziness on exertion?
		Loss of an organ (for example kidney, testicle, etc...)
		Chest pain when you exert yourself or workout?
		Excessive shortness of breath when you exert yourself or workout?
		Infectious Mononucleosis?
		Hepatitis? HIV?
		Diabetes Mellitus?
		Seen a psychiatrist or sought counseling?
		Orthopedic Surgery? If so what body part? Date:

Yes	No	Family History
		Has there been an occurrence of premature sudden death in your family?
		Do you or any family member have sickle cell anemia or the sickle cell trait?
		Does anyone in your family have heart disease as a young person (under age 50)?
		Does anyone in your family have Marfan Syndrome?

*I attest that the documented information is accurate and understand that this and any other information pertinent to my ability to participate in club sports at Boston College may be released to the coaches &/or trainers as needed

STUDENT'S SIGNATURE _____ DATE: _____