

VALDOSTA STATE UNIVERSITY

RETURNING ATHLETE MEDICAL HISTORY

Print Student-Athlete Name: _____
Student ID: 870_____ Sport: _____
Emergency Contact Name: _____ Phone: _____/email: _____

The following questions relate to the student-athlete's current medical health and must be completed by the student-athlete.

- | | <u>Circle One</u> | |
|---|-------------------|----|
| 1) Have you been hospitalized or had a major illness during the previous 12 months?
If yes, explain_____ | YES | NO |
| 2) Are you currently ill in any way?
If yes, explain_____ | YES | NO |
| 3) Have you had a major injury (including head injury) during the previous 12 months?
If yes, explain_____ | YES | NO |
| 4) Do you currently have any incompletely healed injury?
If yes, explain_____ | YES | NO |
| 5) Are you taking any medication on a regular or continuing basis?
If yes, explain_____ | YES | NO |
| 6) Are you currently taking any medication?
If yes, explain_____ | YES | NO |
| 7) Are your currently taking any nutritional supplements or aids?
If yes, explain_____ | YES | NO |
| 8) Do you know of or do you believe there is any health reason why you should not participate in VSU's intercollegiate athletic program at this time?
If yes, explain_____ | YES | NO |

The undersigned, herewith,

- A) Understands that he or she must refrain from practice or play when ill or injured, whether or not receiving medical treatment, and during treatment until he or she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continuing treatment.
- B) Understands that having passed the physical examination does not necessarily mean that he or she is physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify him or her at the time of said evaluation.
- C) Certifies that the answers to the above questions are correct and true.

Student-Athlete Signature: _____ Date _____