

Olivet Nazarene University Athletics Health History Form – Returning Athletes

Return to: Athletic Training Office, Olivet Nazarene University, Box 6055, One University Ave. Bourbonnais, IL 60914

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NAME _____ SPORT _____ Date of Birth _____

Men's or Women's

In the past year, have you missed more than 2 consecutive days of participation in usual activities because of an injury or have you had an injury that has not resolved? Yes _____ No _____

If yes, please explain in detail. Date of injury _____ How long were you hurt? _____

Type of injury/specific body part _____

In the past year, have you missed more than 2 consecutive days of participation in usual activities because of an illness or have you had an illness that has not resolved? Yes _____ No _____

If yes, please explain in detail. Date of illness _____ How long were you sick? _____

Type of illness/treatment _____

In the past year have you had a surgical repair or procedure completed: Yes _____ No _____

If yes, what body part and side _____

Surgery done _____

Surgery date and physician _____

Have you completed physical therapy or rehabilitation and when _____

Have you been released to participate in intercollegiate athletics? _____

By who and when? _____

Restrictions or recommendations from treating physician _____

Have you had a concussion, seizure, or been unconscious for any reason this year? Yes _____ No _____

If yes, please explain in detail. _____

Have you had x-rays, MRI, CT scan, surgery or been hospitalized in the last year? Yes _____ No _____

If yes, please explain in detail. _____

Have you any episodes of dizziness, shortness of breath, heart palpitations, etc. in the last year? Yes _____ No _____

If yes, please explain in detail. _____

List all supplements, vitamins, and herbs you are presently taking.

List all medications you are presently taking.

Are you presently injured or worried about an old injury? Yes _____ No _____

If yes, please explain. _____

Are you allergic to any medications or substances? Yes _____ No _____

If yes, which one(s)? _____

Date of last tetanus booster: _____

FEMALES:

When was your last period? _____

In the past year have you gone more than 8 weeks without getting your period? Yes _____ No _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct and complete.

Athlete's signature _____

Date _____