

**WEBER STATE UNIVERSITY
ATHLETIC HEALTH CARE PROGRAM
MEDICAL HISTORY UPDATE**

INTERIM HEALTH QUESTIONNAIRE (Returning Athletes Only)

Name: _____ Sport _____

SS Number _____ School Phone _____

ALL QUESTIONS MUST BE ANSWERED AND THE QUESTIONNAIRE AND SIGNED!

1. During the past year (12 months), have you been seen by an M.D. for a significant illness (including mental)? Yes _____ No _____ If "yes" provide the following information.

A. Illness: _____ Date: _____

B. Names and Addresses of M.D.'s seen:

2. During the past year (12 months), have you had a serious injury and/or surgery?
Yes _____ No _____ If "yes", give name of M.D. and injury/surgery.

A. Injury/Surgery _____

B. Names and Addresses of M.D.'s _____

3. Do you have medical conditions or problems of any type for which you want or need to see an M.D. or Athletic Trainer? Yes _____ No _____

A. What _____

B. Who do you want to see? _____

(Continued on the other side)

The Undersigned athlete herewith:

- A. Certifies that the answers to the questions on this form are correct and true.
- B. Understands the athletic medical program and insurance coverage at Weber State University.
- C. Understands that participation in sports requires an acceptance of risk of injury. (Athletes rightfully assume that those who are responsible for the conduct of sports have taken reasonable precautions to minimize such risks and that their peers participating in the sport will not intentionally inflict injury upon them.)
- D. Understands that the periodic analyzes of injury patterns lead to refinements in the rules and other safety decisions. However, to legislate safety via a rule book and equipment standards, while often necessary, seldom is effective by itself; and to rely on warning labels to produce compliance with safety guidelines. "Compliance" means respect on everyone's part for the intent and purpose of a rule or guidelines.
- E. Understands that he/she must refrain from practice or play while ill or injured, whether or not receiving medical treatment, and during medical treatment until he/she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continuing treatment.
- F. Understands that having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him/her at the time of the examination.

ATHLETE'S SIGNATURE _____ DATE _____

HEAD TRAINER'S SIGNATURE _____ DATE _____

EVALUATING MEDICAL
DOCTOR'S SIGNATURE _____ DATE _____

_____ OK for Participation

_____ NOT OK for Participation