

## ATHLETE MEDICAL HISTORY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Parent Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Health History: It is important that you report accurate and complete information about your medical history and overall condition.

Have you or any of your family members (i.e. brothers, sisters, mother, or father), had any of the following conditions:

	Self	Family		Self	Family
Asthma	_____	_____	Hypertension	_____	_____
Pneumonia	_____	_____	Heart Condition	_____	_____
Pleurisy	_____	_____	Angina	_____	_____
Dizziness	_____	_____	Heart Murmur	_____	_____
Rheumatic Fever	_____	_____	Arthymia	_____	_____

Have you undergone any surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a copy of your current medical report and list the surgery(s) and date(s) performed:

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the medications and the reason(s) for taking them:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been advised by a physician to avoid any type(s) of exercise? If yes, please explain:

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Have you undergone any physical therapy or extended treatment for any injury? If yes, please explain:

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Are there any other health or orthopedic conditions (hand, wrist, elbow, shoulder, ribs, back, hips, knees, ankles, or feet) which might limit your participation in any of the Advance Acceleration Sports Training Program? Please explain:

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Will you be involved in an outside weight-training program when training here? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be competing or training in a sport when training here? Yes \_\_\_\_\_ No \_\_\_\_\_

If so what sport, how often, and for how long?

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**Emergency Information:**

Spouse's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Relative/Neighbor: \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
(If participant is under 18)

\_\_\_\_\_  
Date