

Monroe Community College
 Department of Athletics/Sports Medicine
 Pre-participation Medical and Injury History Questionnaire
 This form must be filled out and approved by a member of the Sports Medicine Staff

Name: _____ Date: _____
 SSN: _____
 Date of Birth: _____ Age: _____
 Home Address: _____ School Address: _____

 Home Phone: _____ School Phone: _____
 () _____ - _____ () _____ - _____
 Sport(s): _____
 Emergency Contact Person: _____ Relationship: _____
 Address: _____
 _____ Work Phone: () _____ - _____
 _____ Home Phone: () _____ - _____

MEDICAL INFORMATION RELEASE WAIVER

I, _____ age _____ while participating in Monroe Community College intercollegiate athletics, give my consent for the team physician, sports medicine staff, and the Monroe Community College Department of Health Services to provide me with appropriate health care. I permit any health care provider I might see due to an injury or illness to share any and all related information with the team physician, sports medicine staff, health services, coaches, and my parents/guardians as appropriate. This information is only to be used in order that they are properly informed about my condition and capabilities while I am participating as a student-athlete at Monroe Community College. Authorization of this form shall be considered valid for the duration of my intercollegiate career at Monroe Community College.

 Signature

 Parent/Guardian (under 18)

 Date

 Date

MEDICAL HISTORY

Please answer the following questions to the best of your ability. If you answer "yes" to any of the following please explain in detail the injury or situation, so we can provide the best medical coverage possible.

1. Head Injury/Concussion Yes ___ No ___
* How many? _____ Dates: _____
* Hospitalized? Yes ___ No ___
* Lost Consciousness? Yes ___ No ___
* Additional Comments

2. Facial Injuries Yes ___ No ___

3. Neck, Pinched Nerves, Burners Yes ___ No ___

4. Shoulder, Collar Bone Yes ___ No ___

5. Elbow, Forearm, and Wrist Yes ___ No ___

6. Hand, Thumb, or Fingers Yes ___ No ___

7. Back, Chest, Ribs, Sternum Yes ___ No ___

8. Hip, Groin, Femur, Quadriceps, Hamstrings Yes ___ No ___

9. Knee Yes _____ No _____

10. Ankle, Calf, Shin Yes _____ No _____

11. Foot, Toes Yes _____ No _____

12. Do you wear glasses or contacts? _____

13. Do you have any missing or non-functioning organs? Yes _____ No _____

14. Have you ever had a hernia? Yes _____ No _____

15. Have you ever suffered from a heat illness? (Dehydration, heat exhaustion, heat stroke)
Yes _____ No _____

16. Have you ever suffered from heart or circulatory system problems?
Yes _____ No _____

17. Have you ever experienced chest tightness, wheezing or uncontrollable coughing during or immediately after activity while not having an illness? Yes _____ No _____

18. Have you ever had chest pain/discomfort, fainting/dizziness, or any unexplained shortness of breath? Yes _____ No _____

19. Please list all allergies or sensitivities to medications:

20. Have you ever been diagnosed with any of the following illnesses or diseases?

	Yes	No		Yes	No
Asthma	()	()	Ulcer	()	()
High Blood Pressure	()	()	Diabetes	()	()
Low Blood Pressure	()	()	Cancer	()	()
Eating Disorders	()	()	Seizures	()	()
Frequent Headaches	()	()	Heart Murmur	()	()
Migraine Headaches	()	()	Hearing Problems	()	()
Nervous Stomach	()	()	Epilepsy	()	()
Kidney Problems	()	()	Liver Problems	()	()
Appendicitis	()	()	Frequent Colds	()	()
Anemia	()	()	Mononucleosis	()	()
Sickle Cell	()	()	Skin Infections	()	()

COMMENTS:

21. Do you have a family history of any of the above? Yes _____ No _____

22. Please list all medications that you are currently taking and explain why:

23. Has any immediate family member suffered sudden and/or unexplained death?

Yes _____ No _____

Please Read and Sign Below

If you have any questions, do not sign until you fully understand the answers
I certify that the preceding questionnaire has been filled out to the best of my knowledge. I understand that I will be held liable for any omissions and falsehoods. I also understand that the athletic trainers have the right to ask for more information about any injury or condition that I have listed above. Furthermore, I realize that any of these injuries/illnesses may inhibit me from participating until I have been cleared to return to athletics from the appropriate health care provider, as deemed by the MCC Sports Medicine Staff, and Department of Health Services.

Signature

Date

Parent/Guardian Signature (under 18)

Date

**Monroe Community College
Sports Medicine Department**

Name: _____
Sport(s): _____

Date: _____

Informed Consent

I understand that injuries can, and do, occur in athletic practice and competition. Such injuries can result in, but are not limited to, temporary or permanent disability, paralysis, or death to my opponent or myself. These injuries may occur with or without any intent to violate any rules of the specific event. All such injuries can not be prevented.

Improper or unauthorized alteration of any protective equipment is in violation of NJCAA rules and can contribute to injuries. Monroe Community College will issue any and all required protective equipment in full compliance with appropriate rules and regulations of the NJCAA or other governing bodies. Monroe Community College student athletes will only wear issued equipment, unless given written permission and approval by the Director of Athletics, or his/her designee.

By signing this form I understand the risks that are involved in participating in sport at Monroe Community College as well as ones that may cause harm due to illegal equipment.

Signature

Date

Parent/Guardian Signature (under 18)

Date

Helmet Warning

Lacrosse, Ice Hockey, Baseball, Softball

Do not use your helmet to butt, ram, or spear an opposing player, or use your helmet as a weapon. This is in violation of the rules, and can result in severe head, brain, or neck injuries, paralysis or death to you, and possible injury to your opponent.

There is a risk that these injuries may occur as a result of accidental contact without the intent to butt, ram, or spear another player.

No helmet can prevent all head and neck injuries a player might receive while participating in sports. By **signing** this form I understand the proper use of the equipment and the risks that are involved.

Signature

Date

Parent/Guardian Signature (under 18)

Date