Utica College Sports Medicine

08 09 10 11

Annual Health Update

Name: ______________________________ Sport(s): ____________________ Date:___/___/___

Home address/city:__________________________________ Home phone: _________________

Campus/local address:_______________________________ Cell phone: _________________

UC Student ID # _________________ DOB: _______________ Year: So Jr Sr 5th

Email ___________________________

In the last year, have you had any of the symptoms?

		Yes	No
1.	Dizziness, lightheadedness or passed out during or after exercise?	☐	☐
2.	Chest pain while exercising?	☐	☐
3.	Irregular heartbeat or palpitations?	☐	☐
4.	Shortness of breath, cough, or trouble breathing?	☐	☐
5.	Head injury or concussion?	☐	☐
6.	Muscle, bone or joint injury (current and/or in the last year)?	☐	☐
7.	Have you had any surgeries?	☐	☐
8.	Has your weight changed more than twenty pounds?	☐	☐
9.	Do you have any existing medical problems? (i.e. asthma, diabetes, allergies)	☐	☐
10.	Have you developed any new medical problems (i.e. car accident)?	☐	☐

If you checked yes to any of the above, please note the number and explain.

Please list all (prescription and over-the-counter) medications you are currently taking:

The above is true and accurate. I understand I must maintain insurance coverage (please attach) either of my own, through a parent/guardian, or purchased from the school and notify the Athletic Training Staff of any changes to that coverage throughout the year. Failure to do so may require removal from sport.

Attach a copy of your current insurance card with this form.

Student Athlete Signature:________________________________ Date:_____/____/_____

Sports Medicine Staff Use:

		Last year	*Current year*			
Date ___________				Ortho Scrn	_______	n/a
Form reviewed by:	*BP*	_______	________	Waiver	_______	
ATC__________	*Pulse*	_______	________	Ins card	_______	school
Clinician______	*WT*	_______	________	Cleared by__________________		
Other_________	*HT*	_______	________	Date______________		

http://www.utica.edu/ucpioneers/forms/index.cfm

Revised 10/10/07