

**RANDOLPH COLLEGE
ATHLETE MEDICAL HISTORY**

PERSONAL DATA

Name _____ Yr graduating college _____

(Last) (First) (MI)
Date of Birth _____ Social Security # _____ Sport(s) _____

Home Address _____
(Number and Street)

(City) (State) (Zip)

School Address _____
(Dorm/Room #) (Phone #) (Box #)

EMERGENCY INFORMATION:

Home Phone # (____) _____

Mother's name _____ Work # (____) _____

Cell # (____) _____

Father's name _____ Work # (____) _____

Cell # (____) _____

HEALTH INSURANCE INFORMATION: All lines must be completed

Insurance Company _____

Company Address _____

Policy # _____ Group # _____

Policy Holder name _____

**PLEASE PHOTOCOPY FRONT AND BACK OF INSURANCE CARD AND
SUBMIT WITH THIS FORM**

PERSONAL HEALTH HISTORY

Tetanus (must be within last 10 years) _____
(Date of last injection)

Hospitalization (Specify when and purpose of each hospitalization) Inpatient or Outpatient

Allergies (Specify type)

Medication _____ Food _____

Bee stings _____ Dust/Pollen _____ Other _____

Medications (Please list all medications, prescription and over-the-counter, taken on a
regular basis: topical/mouth/injection

Do you have any current medical problems? Explain:

REVIEW OF SYSTEMS: Check appropriate box

	YES	NO	If Yes, Explain
Head Injury			
Concussion			
Unconsciousness			
Seizures			
Dizziness			
Fainting			
Family History Heart Disease			Age diagnosed: Who:
Marfan's Syndrome			
Heart Murmur/Valve Disorders			
Heart Palpitations/Arrhythmias			
High Blood Pressure			
Low Blood Pressure			
Shortness of Breath			
Asthma			
Diabetes			
Bleeding Disorders			
Eating Disorders			How long:
Menstruation abnormalities			
Severe Cramps			
Irregular Periods			How many cycles per year:
Anemia			
Missing organs			
Other: Explain please			

MUSCULOSKELETAL SYSTEM (Indicate if you ever had any injury or problem related to the following areas.)

Neck			
Shoulder			
Elbow			
Arm/Wrist/Hand			
Ribs/Torso			
Back			
Hip			
Thigh			
Knee			
Lower leg/Shins			
Ankle			
Foot			
Other			

EYES Do you wear glasses? _____ Contact lenses? _____ Type _____

TEETH Do you have any caps? _____ Partial plates? _____ Dentures? _____

I hereby certify that the above information is correct and the health insurance stated in the above section covers participation in intercollegiate athletics:

Signature of athlete: _____

Signature of parent if athlete is under the age of 18: _____