



The College of New Jersey

PRE-PARTICIPATION EVALUATION: HEALTH HISTORY UPDATE

NAME _____ DATE _____

SS# _____ SPORT(S) _____ BIRTH DATE _____

Student-Athletes have a responsibility to report any changes in their health status to the team health-care provider. If you have sustained a significant injury or illness since you least physical exam, you will need a follow-up examination before resuming participation.

Do you have any chronic illness or see a health provider regularly for a particular problem? No ____ Yes ____ If so, please list:

Please answer the following questions.

<u>SINCE YOUR LAST</u> athletic physical at TCNJ:	YES	NO
1. Have you had any hospitalization, surgery, significant illness or injury?	_____	_____
2. Had any injury requiring medical treatment (fracture, severe sprain, dislocation, etc.)?	_____	_____
3. Have you been dizzy or passed out during or after exercise?	_____	_____
4. Have you been unconscious, fainted, had a concussion or seizure?	_____	_____
5. Have you suffered from heat exhaustion or heat stroke?	_____	_____
6. Females Only, have you missed any menstrual periods?	_____	_____
7. Have you had significant weight loss or gain?	_____	_____

In addition:

- 8. Are you currently ill or injured in any way? _____
- 9. Are you currently taking any medications or drugs including over-the-counter, vitamins, steroids or recreation drugs? _____
- 10. Are you worried about any condition or problem at this time? _____

Please describe in detail any positive responses to the above questions including type of injury/illness and how treated, the usage and frequency of all medications: _____

Please list any major changes in the health of any family member(s) or any deaths/causes of death in you immediate family (parents, grandparents or siblings): _____

List any allergies (including medications/environmental) **and the reaction:** _____

Do you follow a regular exercise/conditioning program? No ____ Yes ____ If so, please explain: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE. I HEREBY AUTHORIZE TCNJ ATHLETIC DEPARTMENT TO FURNISH THIS INFORMATION TO TCNJ HEALTH SERVICES.

Signature of Student-Athlete _____ Home Phone # (____) _____

Parent or Guardian Signature (if under 18) _____ Date _____