

Date:	Eastern Illinois University Athletic Training Health History Update for Pink Panthers	SS#:
Sport:		DOB:
Year in School 1 2 3 4 5		Age:
NAME:	Local Phone:	Home Phone:
Emergency Contact:	Emergency Phone:	
Local Address:		
Home Address:		

Have you experienced ANY of the following:		
(Use space provided on each line to explain all YES answers)		
1) Hospitalization?	Yes	No
2) Medical Exam, Tests, Surgery?	Yes	No
3) Persistent Headaches?	Yes	No
4) Chronic Cough?	Yes	No
5) Unexplained shortness of breath?	Yes	No
6) Concussion, Head injury or Loss of consciousness?	Yes	No
7) Persistent nausea or vomiting?	Yes	No
8) Persistent diarrhea or change in bowel habits?	Yes	No
9) Persistent abdominal pain?	Yes	No
10) Change in urine/Blood in urine?	Yes	No
11) Unexplained lumps or swelling?	Yes	No
12) Allergic reaction?	Yes	No
13) Cardiovascular Questions:		
a) Have you passed out during exercise?	Yes	No
b) Have you experienced dizziness each time you during exercise?	Yes	No
c) Have you had chest pains during exercise?	Yes	No
d) Do you get <i>easily exhausted</i> each time you exercise?	Yes	No
e) Have you had racing or an irregular heart beat?	Yes	No
f) Have you had high blood pressure or high cholesterol?	Yes	No
g) Have you been told you have a heart murmur?	Yes	No
h) Has a family member died suddenly of heart related problems?	Yes	No
i) Have you had a severe viral infection?	Yes	No
J) Has a physician restricted your activity because of heart problems?	Yes	No
14) Do you have joint pain or a new joint injury?	Yes	No
15) Have you had an illness or injury that restricted your physical activity or has prevented you from participating or competing?	Yes	No
16) Are you currently under the care of a physician or taking any kind of medicine on a daily basis?	Yes	No
17) Do you, your parents or physicians at home believe there should be any limitations to your full participation in athletic activities at EIU?	Yes	No
18) Have you had any changes in vision?	Yes	No
19) Women athletes: Have you developed menstrual irregularity or difficulty in last year?	Yes	No
20) Eastern Illinois University does not require a full physical exam for returning student-athletes. This Health Update Form is used to identify specific problems that have developed since the end of the spring semester. Do you wish to have a physical examination by a physician?	Yes	No

List all current medications (including inhalers):

List any known drug allergies:

<p>I give permission for the release and exchange of medical information pertinent to my athletic participation at Eastern Illinois University to the EIU Team Physicians, EIU Health Service personnel, EIU Student Insurance Office personnel, EIU General Counsel and the EIU Athletic Training Staff. This information is confidential and except as provided in this Release will not be otherwise released by the custodian of the information. This Release remains valid until revoked by me in writing. Having read and understood the above, I freely sign this Release of Medical Information. By signing below I also attest that all questions have been answered completely and truthfully to the best of my knowledge.</p>	
Athlete Signature:	Date:

Do not write below this line.

Athletic Trainer Review:	Full Physical Exam Required?	Yes	No	Height:
	Parent Insurance Form on File?	Yes	No	Weight:
ATC/L Signature:	Date:			BP:
				Pulse:

