

**EBCS Volleyball Camp
MEDICAL HISTORY**

Name _____
Date of Birth _____ Sex _____ Age _____ Grade _____
School _____

Address

Emergency Contact:

Relationship _____
Phone (H) _____ (W) _____ (Cell) _____
(Email) _____

MEDICAL QUESTIONS

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking:

Do you have any allergies? Yes No
If yes, please identify specific allergy below.
Medicines Pollens Food Stinging Insects
Explain "Yes" answers below.

1. Has a doctor ever denied or restricted your participation in sports for any reason? _____
2. Do you have any ongoing medical conditions? If so, please identify below:
Asthma Anemia Diabetes Infections/Other: _____
3. Have you ever had surgery? _____
Explain "Yes" answers below.

4. Do you cough, wheeze, or have difficulty breathing during or after exercise? _____
5. Have you ever used an inhaler or taken asthma medicine? _____
6. Have you ever passed out or nearly passed out DURING or AFTER exercise? _____

7. Is there anyone in your family who has asthma? _____
8. Does your heart ever race or skip beats (irregular beats) during exercise? _____
9. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
 High blood pressure A heart murmur High cholesterol A heart infection Kawasaki disease
Other: _____

10. Have you ever had a head injury or concussion? _____
11. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems? _____
12. Do you have a history of seizure disorder or epilepsy? _____
13. Have you ever had an unexplained seizure? _____
14. Have you ever become ill while exercising in the heat? _____
15. Have you ever had any broken or fractured bones or dislocated joints? _____

Explain "yes" answers.

16. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? _____
17. Have you ever had a stress fracture? _____

Any other medical information you feel we should know (that is not listed above):

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student _____

Signature of parent/guardian _____

Date: _____

The student has family insurance Yes No

If yes, family insurance company name and policy number:

_____.