

MINNESOTA STATE UNIVERSITY ATHLETIC TRAINING STUDENT MEDICAL HISTORY QUESTIONNAIRE

NAME _____ BIRTHDATE _____ SS# _____
(Last) (First) (M)
PARENT'S NAME(S) _____ HOME PHONE _____ Emergency Phone _____
PARENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

GENERAL INFORMATION:

- yes no 1. To the best of your knowledge, do you have any previous or current medical, emotional or physical limitations that may interfere with your ability to function as a health care professional and/or that would require reasonable accommodations for your completion of all academic and clinical expectations?
If yes, please explain. _____
- yes no 2. Do you have any medical, emotional, or language limitations that may affect your ability to effectively communicate with patients, clinical instructors, physicians, parents, or coaches? If yes, please explain.

- yes no 3. Do you have a learning disability or mental/emotional disease? If yes, please explain and provide documentation from your physician or other provider. _____
- yes no 4. Are your vaccinations, including HBV, up-to-date according to University requirements? _____

DISEASE AND ILLNESS:

- yes no 4. Have you ever experienced a seizure or been informed that you might have a seizure disorder?
If yes, please explain. _____
- yes no 5. Have you ever been treated for infectious mononucleosis, viral pneumonia, hepatitis, HIV/AIDS, or any other infectious disease? If yes, when? _____
- yes no 6. Have you ever been treated for diabetes? _____
- yes no 7. Do you have asthma or any other respiratory illness/disease? _____
- yes no 8. Have you ever had a heat/cold related illness? If yes, when? _____
- yes no 9. Do you have any allergies? (latex, medications, bee stings, etc) If yes, list. _____
- yes no 10. Are you currently on prescribed medication(s)? If yes, list. _____

HEAD AND NECK INJURIES:

- yes no 11. Have you ever experienced a concussion or been "knocked-out?"
If yes, please explain. _____
- yes no 12. Have you ever had any injury to the neck, involving nerves, vertebrae, discs, etc?
If yes, please explain. _____

EYES AND DENTAL:

- yes no 13. Do you wear eyeglasses and/or hard or soft contact lenses?
- yes no 14. Have you ever had any injury to your eyes requiring medical attention?
If yes, what and when? _____
- yes no 15. Do you have any visual impairment, such as color blindness, tunnel vision, vision loss, etc., that may interfere with your ability to provide appropriate health care services? If yes, please explain and provide documentation from your physician or other provider _____
- yes no 16. Do you wear any dental appliance? If yes, what? _____
- yes no 17. Do you wear any tongue or nose piercing, or any other appliance that may interfere with your ability to perform basic life support techniques such as rescue breathing and CPR?

BONE AND JOINT:

- yes no 18. Have you ever been treated for Spondylolysis, Spondylolisthesis, Scoliosis or any other injury/disease of the back/spine or intervertebral disc? If yes, please explain. _____
- yes no 19. Have you ever had a bone, joint, ligament, muscle or tendon injury that required medical treatment? If yes, please explain. _____

The undersigned, herewith,

A.) Certifies that the answers to the questions above are correct and true. B.) Understands that s/he must refrain from participating in clinical experiences while ill or injured, whether or not receiving medical treatment and during medical treatment until s/he is discharged from treatment and/or is given permission by the attending physician and the athletic training program director to restart participation with reasonable accommodations, C.) Understands that having passed the medical examination does not necessarily mean that s/he is physically qualified to engage in the practice, or the provision of athletic training/health care services, but only that the examiner did not find a medical reason to disqualify him/her at the time of said examination, D.) Has read and understands the Athletic Training Education Program's written technical standards for admission to, and retention in, the Athletic Training Educational Program.

(Student signature)

(Date)