

**Gardner-Webb University Athletic Training
Medical History Update**

- I. This questionnaire is part of your physical examination for participation in college athletics. This is part of your medical record and will be treated confidentially.
- II. Please answer all questions to the best of your knowledge. This will be screened by our team physician.

Name

Sport(s)

Date

Social Security Number

Soph. Jr. Sr. 5th-yr.
Circle year at Gardner-Webb

1. Have you had any illnesses over the past year that required the treatment of a physician or other health care professional? YES NO If yes, please explain the illness and any treatment or medication you received:

2. Have you had any injuries over the past year that required the treatment of a physician or other health care professional? YES NO If yes, please describe the injury and any treatment or medication you received:

3. Have you had any illnesses or injuries over the last year for which you did not seek assistance from a physician or other health care professional? YES NO If yes, please explain:

4. Have you been diagnosed with any medical condition (ie. allergies, heart murmur, etc.) within the past year? YES NO If yes, please explain:

5. Do you currently have any condition which would affect your participation in athletics at Gardner-Webb University? YES NO If yes, please explain:

6. Are you currently taking any nutritional supplements? YES NO If yes, please list:

To the best of my knowledge, the answers to the questions on this form are true and correct.

Signature

Date

