

General Medical History:

Do you currently have or have you ever had or experienced any of the following (check all that apply; please explain below)

<input type="checkbox"/> Allergies (food, drug, bites/stings)	<input type="checkbox"/> Head injury/concussion	<input type="checkbox"/> Menstrual problems
<input type="checkbox"/> Anemia/bleeding disorders	<input type="checkbox"/> Heart disease/problems	<input type="checkbox"/> Missing vital/paired organ
<input type="checkbox"/> Anxiety/depression	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Sickle cell anemia or sickle cell trait
<input type="checkbox"/> Asthma/bronchitis	<input type="checkbox"/> Heat-related illness	<input type="checkbox"/> Skin condition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis/liver disease	<input type="checkbox"/> Stinger/burner
<input type="checkbox"/> Eating disorder	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Sudden shortness of breath during exercise
<input type="checkbox"/> Epilepsy/seizure disorder	<input type="checkbox"/> HIV/Aids	<input type="checkbox"/> Sudden unexplained fatigue during exercise
<input type="checkbox"/> Fainting	<input type="checkbox"/> Indigestion/ulcers/digestive problems	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Headaches/migraines	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Vision difference
<input type="checkbox"/> History in family of unexplained sudden death before age 50	<input type="checkbox"/> Joint/back/bone/muscle injury	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> History in family of heart disease	<input type="checkbox"/> Kidney disease/problems	IF YOU ARE TAKING A MEDICATION FOR A DISORDER THAT YOU HAVE CHECKED, PLEASE LIST IN #5 BELOW.
<input type="checkbox"/> ADHD/ADD (see back page)	<input type="checkbox"/> Marfan's Syndrome/other genetic disorders	

1. Please explain any conditions you checked above.
2. Please list any surgeries, major illnesses and/or injuries and the approximate dates which they occurred.
3. Are you currently under the care of a physician ? If yes, please explain.
4. Do you currently have an incompletely healed injury ? If yes, please explain.
5. List medications you take on a regular basis, including prescription, over the counter, vitamins or supplements. (see back page)
6. Do you wear glasses or contacts? Date of your last vision exam.
7. Do you wear braces or other dental appliances? If yes, please explain.
8. Date of last tetanus shot:

Authorization for Release of Medical Information:

I give my permission to the DePauw University Sports Medicine staff and other health care providers employed/contracted by DePauw University to release my medical information to (1) other health care professionals/providers to which I may be referred for evaluation and treatment, (2) DePauw Health Services, (3) DePauw Athletic Department personnel, and (4) insurance companies. I also give permission for DePauw Sports Medicine personnel to disclose medical information to the following individual(s):

(check next to where permission is given):

Mother Father Other (specify) _____

This authorization for release of medical information is valid for one year from the date signed. If I decide to revoke this authorization, I must do so in writing and will contact the Director of Sports Medicine to do so.

Student Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

(Parent or guardian signature required for athletes that enter DePauw before their 18th birthday.)

Acceptance of Risk:

I/We realize that participation in organized intercollegiate athletics involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. Injuries include strains, sprains, fractures and contusions. In some cases, injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. I/We acknowledge that I/we have read and understand this warning and accept the risk of injury or even death.

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____

(Parent or guardian signature required for athletes that enter DePauw before their 18th birthday.)

Authorization for Medical Treatment:

I hereby authorize the DePauw University Sports Medicine Staff and team physicians, as well as those healthcare personnel designated by them, to evaluate and treat any injuries/illnesses as they deem necessary to my health and well being as a result of any injuries/illnesses that occur during athletic participation at DePauw. If the Sports Medicine staff or those designated are unable to communicate with me, the treatment deemed necessary for my health may be given.

Student Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

(Parent or guardian signature required for athletes that enter DePauw before their 18th birthday.)

OFFICE USE ONLY: Sports Medicine Staff Review By/Date: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____ Date checked: _____ BP Re-check needed

Blood pressure follow-up reading /date/ signature: _____

Other follow- up needed: Yes ___ No ___ If yes: ___ Dr Ripple ___ Orthopedic ___ Other _____

Reason for follow-up:

Follow- up completion notes/date:

NCAA Documentation Requirements for Student-Athletes Taking a Prescribed Medication Containing a Banned Substance

Any student-athlete, who for legitimate medical reasons, might be taking a prescribed medication containing a banned substance in one of the categories below should review medical exception procedures. Refer to the following documents on the DePauw Sports Medicine website- *DePauw Information and Procedures for Student-Athletes Who for Medical Reasons Are Taking a Medication With a Banned Substance* which can be accessed at www.depauw.edu/univ/sports_med/ncaa_drug_related_policies.asp. The complete list of *NCAA Banned-Drug Classes for 2008-2009* can also be reviewed at our web site above. We realize that the majority of student-athletes are not affected by the medical exception policy but awareness is important and we ask that you **accurately report all medications and supplements you are taking in the medical history section of this form.**

Drug Classes Where a Prescribed Medication Could Contain a Banned

Substance

- stimulants (most ADD/ADHD medications contain a banned stimulant)
- diuretics
- anti-estrogens
- peptide hormones
- anabolic agents (steroids)

ADHD/ADD Medication

In particular, the NCAA has implemented stricter documentation guidelines (*Medical Exceptions Procedure*) affecting student-athletes who take an ADHD/ADD medication that contains a stimulant which is on the NCAA's banned drug list. These stricter guidelines take effect for the upcoming 2009-2010 school year and involve the procedures to review and approve legitimate use of ADHD/ADD medications that contain NCAA banned substances. If you are taking an ADHD/ADD medication please review *DePauw Information and Procedures for Student-Athletes Who for Medical Reasons Are Taking a Medication With a Banned Substance* at the web site address given above. In addition, the *Checklist of Medical Documentation Requirements for Student-Athletes Taking ADHD/ADD Medications Containing a Banned Substance* can be printed off to assist in compiling the required documentation for your DePauw Sports Medicine file. We want to particularly emphasize to student-athletes taking a medication for ADHD/ADD that a key part of your documentation will be inclusion of a comprehensive clinical assessment report.

Drug Testing at NCAA Post-Season Championship Events

If a student-athlete tests positive at an NCAA post-season championship event for a banned substance in a prescribed medication and has not provided NCAA required medical documentation to DePauw Sports Medicine, their eligibility would be suspended by the NCAA pending an appeals process. Please consult with the DePauw athletic trainer assigned to your team for any questions pertaining to documentation requirements.