

SUNY Canton Athletic Training Questionnaire

Name _____ Sport _____

Age _____ DOB _____ SS# _____ - _____ - _____

Home Address Street _____

City _____ State _____ Zip _____

ID# _____

Commuter or Resident

Grade: Check the appropriate one: Freshman Sophomore Junior Senior

Phone number where you can best be reached (_____) _____

Is this your: Cell Home Dorm

Emergency Contact Information

In case of an emergency we should contact _____

Their relationship to you _____

Phone numbers Home (_____) _____

Work (_____) _____

Cell (_____) _____

Emergency Information:

Allergies Yes No

If yes, please list: _____

Daily Medications Yes No

If yes, please list: _____

*** On the following pages you will be asked some questions regarding your past medical history. Please answer all questions honestly and accurately, as this information is very important and may provide help in treating you.

You will be asked for dates of injuries, please answer these to the best of your knowledge.

I hereby authorize the SUNY Canton Athletic Trainer to release medical information as necessary for the purpose of further evaluation and treatment by medical personnel only.

Signature _____ Date _____

Medical History

Do you have now or ever had in the past, any problems with your:

Head or Neck: Yes No if yes, date of injury _____
What was the injury _____

Did you see a Dr. for this injury Yes No

Back: Yes No if yes, date of injury _____
What was the injury _____

Did you see a Dr. for this injury Yes No

Chest / Abdomen
 Yes No if yes, date of injury _____
What was the injury _____

Did you see a Dr. for this injury Yes No

Ear/Nose/Throat
 Yes No if yes, date of injury _____
What was the injury _____

Did you see a Dr. for this injury Yes No

Shoulder Yes No if yes, date of injury _____
What was the injury _____

Did you see a Dr. for this injury Yes No

Elbow Yes No if yes, date of injury _____
What was the injury _____

Did you see a Dr. for this injury Yes No

Wrist/Hand
 Yes No if yes, date of injury _____
What was the injury _____

Did you see a Dr. for this injury Yes No

Hip Yes No if yes, date of injury _____
What was the injury _____

Did you see a Dr. for this injury Yes No

Knee Yes No if yes, date of injury _____
What was the injury _____

Did you see a Dr. for this injury Yes No

Ankle/Foot Yes No if yes, date of injury _____
What was the injury _____

Did you see a Dr. for this injury Yes No

1. Have you ever suffered from a neck or spinal cord injury? Yes No

2. Do you have any permanent handicap or disability? Yes No

3. Are you under a physicians care at the present time? Yes No

Reason: _____

4. Year of last tetanus shot _____ don't know

5. Have you had any limits placed on your participation in competitive sports other than the injuries you have previously listed? Yes No

Please list _____

6. Do you wear eyeglasses/ contact lenses Yes No

7. Do you smoke? Yes No

8. Do you take any dietary supplements? Yes No

9. Have you lost or gained more than 20 lbs in the past year? Yes No

10. Do you have any body piercing (other than ears)? Yes No

Please list _____

11. *Have you had any surgical procedures within the last year? Yes No

Please provide the date and the procedure that was done :

** You may be asked to provide a note from your doctor stating proof of your return to play.*

12. Have you suffered from any of the following? Please check one.

	Yes	No
Asthma (includes exercised induced)	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>
Anemia	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>
Lung Disease	<input type="radio"/>	<input type="radio"/>
Kidney Disease	<input type="radio"/>	<input type="radio"/>
Liver Disease	<input type="radio"/>	<input type="radio"/>

13. Is there any other information you feel important for the Athletic Trainer to know? Please use the space provided.

Signature _____ Date _____