

STETSON UNIVERSITY SPORTS MEDICINE  
RETURNING STUDENT-ATHLETE HEALTH EVALUATION

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

SS#: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Year in School: 1 2 3 4 5

Date of Birth: \_\_\_\_\_ Campus Phone Extension: \_\_\_\_\_

Campus/Dorm Address: \_\_\_\_\_ Campus Mailbox: \_\_\_\_\_

Cellular phone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

PARENT OR GUARDIAN TO NOTIFY IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please indicate any injuries/ illnesses that you have had since your last physical examination/ health appraisal at Stetson University. Be sure to distinguish between Right and Left extremities. Also, be sure to circle the type of injury that occurred to each body part.

BODY PART	SIDE	TYPE OF INJURY	SEVERITY
FOOT	R L	Sprain Strain Fracture Dislocation	Mild Moderate Severe
ANKLE	R L	Sprain Strain Fracture Dislocation	Mild Moderate Severe
KNEE	R L	Sprain Strain Fracture Dislocation	Mild Moderate Severe
THIGH	R L	Sprain Strain Fracture Dislocation	Mild Moderate Severe
HIP	R L	Sprain Strain Fracture Dislocation	Mild Moderate Severe
BACK	R L	Sprain Strain Fracture Dislocation	Mild Moderate Severe
NECK	R L	Sprain Strain Fracture Dislocation	Mild Moderate Severe
HEAD	R L	Concussion Fracture Migraines	Mild Moderate Severe
SHOULDER	R L	Sprain Strain Fracture Dislocation	Mild Moderate Severe
ELBOW	R L	Sprain Strain Fracture Dislocation	Mild Moderate Severe
HAND/WRIST	R L	Sprain Strain Fracture Dislocation	Mild Moderate Severe

VISION

Have you had any difficulty with:

Excessive Watering? YES NO

Burning? YES NO

Blurred Vision? YES NO

Please list any other injuries/ illnesses not mentioned on side one of this form that have occurred since your last physical examination/health appraisal at Stetson University.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Have you received treatment from a family physician or specialist during the summer vacation?

YES NO

If yes, for what injury/ illness?

\_\_\_\_\_  
\_\_\_\_\_

What is your current status?

\_\_\_\_\_  
\_\_\_\_\_

Have you been hospitalized during the summer vacation?

YES NO

If yes, for what injury/ illness?

\_\_\_\_\_  
\_\_\_\_\_

What is your current status?

\_\_\_\_\_  
\_\_\_\_\_

**Gynecological History (for Female Athletes Only!)**

Have you ever had a gynecological examination? YES NO If yes, date of last exam: \_\_\_\_\_

Are you currently taking any prescription contraceptive? (oral, transdermal, etc.) YES NO

If yes, please provide your current prescription information: \_\_\_\_\_

Have you had any changes in your gynecological history since your last physical examination or health appraisal? YES NO

If yes, explain: \_\_\_\_\_

Date of last period: \_\_\_\_\_

The information provided is a complete history of the injuries and illnesses, which I have sustained since my last physical examination/health appraisal at Stetson University. I certify that the answers given herein are true and complete to the best of my knowledge. I understand that misrepresentations, omissions of facts or incomplete information will absolve the Stetson University Department of Athletics of any responsibility for my subsequent medical care regarding any such predisposing conditions.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

**For Sports Medicine Staff Use ONLY**

\_\_\_\_\_  
Evaluated By

\_\_\_\_\_  
Evaluated By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date