EMBRY-RIDDLE UNIVERSITY
INITIAL HEALTH HISTORY AND PHYSICAL EXAMINATION

Date:_____

Name _____ Sport _____
Last First Middle

Social Security Number _____ DOB _____ Age _____

Parent's Name _____
(or Guardian) Father's Last Father's First DOB

_____
Mother's Last Mother's First DOB

Father's Address _____
Street City State Zip

Father's Home Phone (_____) _____ Office Phone (_____) _____

Mother's Address _____
Street City State Zip

Mother's Home Phone (_____) _____ Office Phone (_____) _____

Form Check List For Sport Medicine Staff Only			
_____	ORTHOPEDIC HISTORY	_____	HT / WEIGHT
_____	MEDICAL HISTORY	_____	BLOOD P / PULSE
_____	MEDICAL EXAM	_____	EYE CHART
_____	CONSENT FORMS	_____	MEDICAL CLEARANCE (IF NEEDED)

Comments _____

_____

_____

EMBRY-RIDDLE UNIVERSITY

MEDICAL HISTORY

HAS ANY BLOOD RELATIVE EVER HAD - check yes or no

	YES	NO
Cancer		
Diabetes		
Heart trouble		
High Blood Pressure		
Stroke		
Epilepsy / Seizures		
Mental illness / Depression		

	YES	NO
Suicide		
Alcoholism / Drug Abuse		
Die Suddenly before age 50		
Bleeding Disorder		
Blood Disease		
Other		

GENERAL MEDICAL ALLERGIES - Are you allergic to - check yes or no

	YES	NO
Aspirin		
Codeine		
Sulfa drugs		
Penicillian		
Dust / Mold / Pollen / Grass		

	YES	NO
Any foods		
Tetanus antitoxin		
Novacaine		
Bee sting		
Any other drug (_____)		

Medical problems and illnesses - Have you ever had - check yes or no

	YES	NO
See a Dr. regularly		
What illness _____		
Missing organs		
Diabetes		
Cancer		
Heat Exhaustion		
How many times _____		
Last time _____		
Any Daily medications		
Frequent Headaches		
Dizziness while exercising		
Fainting Spells		
Concussions		
How many ____ last one _____		
Epilepsy / Seizures		
Ear disease or hearing Problem		
Frequent nosebleeds		
Frequent sore throats		
Mononucleosis		
Thyroid disease or problem		
Enlarged lymph nodes		
Persistant Cough		
Asthma		
Pneumonia		
Depression		
Type _____		

	YES	NO
Anemia		
Blood in urine		
High blood pressure		
Chest pain with exercise		
Passed out or fainted with exercise		
Heart problems		
Fast heartbeat		
Skipped heartbeat		
Heart murmur		
Nevous stomach or irritable bowel		
Ulcers		
Frequent diarrhea		
Blood in bowel movements		
Hernia		
Hepatits		
Kidney or bladder infections		
Kidney stones		
Testicular torsion		
Have you ever been to an eye doctor		
Do you wear glasses now		
Do you wear contact lenses to participate		
Have you ever had an eye injury		
Do you now have any dental Pain		
Have you ever had a dental injury		

FEMALES ONLY		
Have you ever had a stress fracture		
Are you happy with your weight		
What do you consider your ideal weight		

MENSTRUAL HISTORY		
Age at first period _____		
Last period _____		
Longest time between periods		

EMBRY-RIDDLE UNIVERSITY

ORTHOPEDIC HISTORY

Have you ever had… Check YES or NO

	YES	*NO*	complete rehab
NECK			
Pinched nerves			
Burners			
Fractures			
Sprains			
Pain			
HAND, WRIST, FINGERS			
Fractures			
Sprains			
Dislocations			
Scaphoid fracture			
Pain			
SPINE / BACK			
Fractures			
Muscle spasm			
Ruptured disc			
Stiffness			
Pain with lifting			
Pain			
PELVIS / HIPS			
Groin pulls			
Contusion / hip pointer			
Fractures			
Pain			
SHOULDER / CLAVICLE			
Fractures			
Separations			
Dislocations			
Slipping in the joint			
Burners			
Inflammation			
Inpingment			
Tendonitis			
Pain			
ARM			
Fractures			
Calcium deposits			
Burners			
Strain			
Tendonitis			
Pain			

	YES	*NO*	complete rehab
ELBOW			
Fractures			
Sprains			
Dislocations			
Inflammation			
Pain			
QUAD / HAMSTRING			
Quad pull			
Hamstring pull			
Torn muscle			
Calcium deposits			
Fractures			
Pain			
LEGS			
Shin Splints			
Torn muscle			
Calcium deposits			
Fractures (also stress Fx)			
Pain			
FEET / TOES			
Fractures			
Navicular stress Fx			
Sprains			
Turf Toe			
Pain			
KNEE			
Sprained ligaments			
Torn ligaments			
Torn cartilage			
Injured knee caps			
Fractures			
Dislocations			
Swelling			
Locking			
Giving away			
Pain			
Arthroscopes			
Wear braces			
ANKLES			
Sprains			
Dislocations			
Fractures			
Pain			

Have you ever had an operation or been hospitalized? Y / N

Body Location _____ Date _____ Doctor's name _____

I do hereby state, to the best of my knowledge and belief, my answers to the medical and orthopedic history questions are correct.

Athlete's signature _____ Date _____

Embry-Riddle University
CONSENT FORMS

Please read the following consent forms carefully. If you are under 18 years of age, your parents must also sign. The basic content of each is:

A. **Shared Responsibility for Sport Safety**: Acknowledges that there are certain inherent risks involved in participating in intercollegiate athletics and that you are willing to assume responsibility for such risks.
B. **Release of Information**: Allows those listed to release information concerning your injuries to the media.
C. **Release of Information:** Allows those listed to release information concerning your injuries to your parents or guardians.
D. **Release of Information:** Allows those listed to release any and all information concerning you, including records and other items listed, to professional teams, agents, scouts, etc.
E. **Medical Consent**: Allows those listed to treat any injury or illness you receive while at Embry Riddle University.
F. **Responsibilities**: Acknowledges that you have read and understood the responsibilities of being an Embry-Riddle University student-athlete.

If you should choose to refuse to sign any of these, please write "Refused to Sign", date, and your signature.

SHARED RESPONSIBILITY FOR SPORT SAFETY—PART I

Participation of sport requires an acceptance of risk of injury. Student-athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precaution to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them.

Our athletic trainers and physicians will periodically analyze injury patterns to refine rules and make safety decisions. However, to legislate safety via a rule book and equipment standards, while often necessary, seldom is effective by itself; and to rely on officials to endorse compliance with the rule books is as insufficient as to rely on warning labels to produce compliance with safety guidelines. "Compliance" means respect on everyone's part for the intent and purpose of a rule or guideline.

I have read the above shared responsibility statement. I understand that there are certain inherent risks involved in participating in intercollegiate athletics. I acknowledge the fact that these risks exist, and I am willing to assume responsibility for such risks while participating at Embry-Riddle University.

Signature:_____ Date:_____

RELEASE OF INFORMATION—PART II

This is to authorize Embry-Riddle University athletic trainers, team physicians, athletic coaches, and administrators to release to Embry-Riddle University Sports Information Department and the media at any time, all medical information on my son/daughter/myself including but not limited to any information concerning illness or injury relative to my past, present, or future participation in athletics at Embry-Riddle University.

Signature:_____ Date:_____

RELEASE OF INFORMATION—PART III

This is to authorize Embry-Riddle University athletic trainers, team physicians, athletic coaches, and administrators to release medical information on my son/daughter/myself, to my parents or guardians, any information concerning illness or injury relative to my past, present, or future participation in athletics at Embry-Riddle University.

Signature:_____ Date:_____

RELEASE OF INFORMATION—PART IV

I hereby give my consent for the team physicians, athletic trainers or other medical personnel of Embry-Riddle University to release such information regarding my medical history, record of injury or surgery, record of serious illness and rehabilitation results as may be requested by the scout or representative of any professional or amateur athletic organization seeking such information.

I understand that a record will be kept of all individuals requesting such information and the date of the request. This information is normally confidential and, except as provided in the Release, will not be otherwise released by the parties in charge of the information.

Signature:_____ Date:_____

MEDICAL CONSENT—PART V

I hereby grant permission to Embry-Riddle University team physicians and/or their consulting physicians to render to my son/daughter/myself any treatment and medical or surgical care that they deem reasonably necessary to the health and well-being of the student-athlete. I also hereby authorize the athletic trainers at Embry-Riddle University who are under the direction and guidance of Embry-Riddle University athletic team physicians, to render to my son/daughter/myself any preventive, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well-being of the athlete.

Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

Signature:_____ Date:_____

RESPONSIBILITIES—PART VI

I furthermore…

A. Understand that it is my responsibility to report all injuries and illness to my staff team athletic trainers as soon as possible;
B. Understand that I am expected to report promptly as scheduled for treatment and/or rehab (9am-12pm treatments including ultrasound, electric stim, rehab, ect. and after 1pm all practice and game preparation);
C. Understand that I will continue to receive treatment/rehab until released by my team trainer; and,
D. Understand Embry-Riddle University cannot be held responsible for any previous medical condition(s) that I might have.

Signature:_____ Date:_____

◆My signature release remains valid until revoked by me in writing.◆

Embry-Riddle University
Authorization Form
For Uses and Disclosures of Patient Protected Health Information

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Student-Athlete Name (print): _____

Sport: _____

Date of Birth: _____

Social Security Number: _____

I authorize the release of all my private health and medical information between the Embry-Riddle University Sports Medicine team (physicians, trainers, coaches), parents, hospitals, physical therapist, and insurance companies related to my past and present medical condition, injury or illness. I authorize the release of my private health and medical information to ensure fast, safe, and efficient care of my medical condition, including treatment, verbal conversations, electronic mail, bills, and related insurance claims. I understand this allows all of the entities mentioned above to discuss and relate to each other about the status of my health and future treatment, rehabilitation, billing, and insurance claims.

<u>This authorization will automatically expire six years from the date it is signed, or until revoked by me in writing.</u>

Athlete's signature: _____

Parent's signature if student-athlete is under 18: _____

Date of signature: _____

PARENT'S INSURANCE FORM

E/05

Athlete's Name _____ SS# _____

Sport _____ School _____

Dear Parent:

Our athletic accident policy, which provides insurance for your son or daughter for injuries occurring while participating in the play or practice of intercollegiate sports is "EXCESS" or "SECONDARY" to any other collectible group insurance benefits.
This means that any claim for benefits must first be filed with the group insurance company providing coverage to your son or daughter through your employer or your spouse's employer. After they have paid all available benefits, our athletic insurance company will consider remaining amounts based on USUAL and CUSTOMARY charges.

WE, AS THE SCHOOL, **DO NOT** HAVE THE OPTION OF WAIVING THE REQUIREMENT OF FILING WITH YOUR GROUP INSURANCE.

PLEASE NOTE:

1. Most employer's group insurance allows dependent coverage to be continued to age 25 if the dependent is a full-time student. DO NOT drop dependent coverage while your son or daughter is participating in intercollegiate athletics.
2. Claims against your group insurance plan DO NOT increase your individual insurance premiums.

THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED; please circle the individual listed as the insured on your primary/personal plan and complete all requested information.

Father/Guardian/Spouse/Self (circle one)

Name _____ DOB _____ Social Security # _____

Home Address _____
(Street) (City, State & Zip Code)

Employer's Name _____

Employer's Address _____
(Street) (City, State & Zip Code)

Home Telephone # _____ Work Telephone # _____

Name of Group
Insurance Company _____ Group # _____ Policy # _____

Mailing Address for Claims _____ Telephone # _____
(Street) (City, State & Zip Code)

IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES _____ NO _____

Does your insurance require: A second opinion for surgery? YES _____ NO _____ Is your primary insurance an HMO? YES _____ NO _____

Pre-authorization for services? YES _____ NO _____ Is your primary insurance a PPO? YES _____ NO _____

Mother/Guardian/Spouse/Self (circle one)

Name _____ DOB _____ Social Security # _____

Home Address _____
(Street) (City, State & Zip Code)

Employer's Name _____

Employer's Address _____
(Street) (City, State & Zip Code)

Home Telephone # _____ Work Telephone # _____

Name of Group
Insurance Company _____ Group # _____ Policy # _____

Mailing Address for Claims _____ Telephone # _____
(Street) (City, State & Zip Code)

IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES _____ NO _____

Does your insurance require: A second opinion for surgery? YES _____ NO _____ Is your primary insurance an HMO? YES _____ NO _____

Pre-authorization for services? YES _____ NO _____ Is your primary insurance a PPO? YES _____ NO _____

_____ I hereby authorize a claim to be filed on my behalf under the above group medical policy in the event an athletic injury is sustained by _____.

_____ My son/daughter is NOT covered under my group insurance.

I hereby certify that the answers provided are true, complete and correct to the best of my knowledge.
A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date _____ Signature of Parent _____