Sports Medicine Department

University of Detroit Mercy Sports Medicine
Exit Medical Appraisal

Name _____ **Sport** _____

Student-athletes who have exhausted their athletic eligibility or who will no longer be a participant in UDM Athletics are **REQUIRED** to have an exit medical appraisal performed by the UDM Sports Medicine Staff within **TWO (2)** weeks following the completion of his or her final season of intercollegiate athletics. Failure to complete the exit medical appraisal will automatically waive the University of Detroit Mercy from any medical or financial liability.

Please answer the following questions by circling the appropriate answer (Yes or No).
****Please explain all YES answers on the **back page** of this form****

1) Have you had any significant injuries while participating in your sport at UDM?	YES	NO
2) Have you been hospitalized or have had a major injury or illness during your sports career at UDM?	YES	NO
3) Have you had any surgeries during your athletic participation at UDM?	YES	NO
4) Have you broken any bones while participating in your sport at UDM?	YES	NO
5) Did you develop or were you diagnosed with a medical illness such as diabetes, asthma, heart conditions, etc, that you still have since coming to UDM?	YES	NO
6) Are you taking any medications on a daily basis?	YES	NO
7) Are you currently ill in any way?	YES	NO
8) Did you incur any injury in practice or athletic competition that still bothers you today?	YES	NO
9) Are you currently under the care or supervision of any physicians, athletic trainers, or physical therapists?	YES	NO
10) Do you have any medical concerns that you would like to discuss with the Team Physician?	YES	NO

In signing this document, I certify that the answers to the above questions are correct. The questions have been explained to me fully and to my satisfaction. I have listed all existing medical conditions to the best of my knowledge. I understand I have **ONE (1)** year from this signed date to bring to the attention of the UDM Athletic Department any pre-existing injuries/illnesses that may require further attention. I understand this athletic department policy clearly and willingly sign this document.

Student-Athlete _____ Date _____

Athletic Trainer _____ Date _____

Team Physician _____ Date _____

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Name _____ **Sport** _____**Date** _____

STUDENT-ATHLETES- Please explain all **YES** answers from page one. Please be as detailed as possible.

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ATHLETIC TRAINER NOTES (IF NECESSARY):

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TEAM PHYSICIAN NOTES (IF NECESSARY):

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