**Henry Ford College**

**Intercollegiate Sports Examination**

**(to be completed by student-athlete)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_M \_\_\_\_\_F

|  |  |  |  |
| --- | --- | --- | --- |
| **HAVE YOU EVER HAD THE FOLLOWING?** | YES | NO | DETAILS |
| 1. Injury that kept you from playing sports for more than one day? |  |  |  |
| 1. Head injury of any kind? |  |  |  |
| 1. Loss of consciousness or fainting? |  |  |  |
| 1. Neck or back pain or injury? |  |  |  |
| 1. Broken bones or fractures? |  |  |  |
| 1. Problems with joints? |  |  |  |
| 1. Pulled muscles, ligaments or sprains? |  |  |  |
| 1. Hernia or rupture? |  |  |  |
| 1. An operation of any kind? |  |  |  |
| **DO YOU TAKE MEDICATION FOR ANY OF THE FOLLOWING?** |  |  |  |
| 1. Asthma or allergies? |  |  |  |
| 1. Heart problem? |  |  |  |
| 1. Rheumatic Fever? |  |  |  |
| 1. High blood pressure? |  |  |  |
| 1. Diabetes? |  |  |  |
| 1. Epilepsy or Convulsions? |  |  |  |
| 1. Sickle Cell or other Anemia? |  |  |  |
| **ARE YOU ALLERGIC TO ANY MEDICATIONS?** |  |  |  |
| **HAS ANYONE IN YOUR FAMILY DIED OF A HEART ATTACK UNDER THE AGE OF 50?** |  |  |  |

I certify that to the best of my knowledge the above information is true and accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_