## **University Athlete Health Record Form**

Personal Information	
Full Name	
Date of Birth	
Student ID	
Gender	
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Primary Sport	
Contact Information	
Phone Number	
Email	
Address	
Emergency Contact	
Contact Name	
Relationship	
Contact Phone	
Contact Email	

Medical Information
Chronic Medical Conditions
Allergies
Current Medications
Previous Significant Injuries
Surgeries
Primary Physician Name
Physician Phone