

Chronic Illness Athlete Management History Form

Personal Information

Full Name

Date of Birth

Sport

Team/Club

Chronic Illness Details

Diagnosis

Date Diagnosed

Current Symptoms

Current Medications (name, dose, frequency)

Special Treatments/Protocols

History

Frequency of Flare-Ups/Exacerbations

Recent Hospitalizations/Emergency Visits

Past Surgeries (related to illness)

Impact on Training/Competition

Limitations or Modifications Needed

Previous Missed Training/Events (Describe)

Emergency Management

Action Plan in Case of Illness-Related Emergency

Primary Emergency Contact Name & Relationship

Phone Number

Additional Information
