

Amateur Baseball Player Pre-Participation Medical Questionnaire

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact Name

Emergency Contact Phone

Medical History

- ☐ Asthma
- ☐ Heart Condition
- ☐ Diabetes
- ☐ Allergies
- ☐ History of Concussions
- ☐ Seizures/Epilepsy
- ☐ Other (please specify below)

If 'Other', please provide details

Surgical History

Have you had any surgeries or hospitalizations?

Medications

List any current medications

Allergies

List all allergies (including medications, foods, etc.)

Injuries

Do you have any current or previous injuries?

Family History

Family history of sudden cardiac death or heart conditions? If yes, please specify relationship and condition.

Consent

Signature

Date