

Collegiate Athlete Pre-Participation Health Questionnaire

PERSONAL INFORMATION

Full Name

Date of Birth

Sport

Student ID

Year

Email

Phone Number

EMERGENCY CONTACT

Contact Name

Relationship

Contact Phone

MEDICAL HISTORY

Have you ever had surgery?

- ☐ Yes
☐ No

If yes, please describe

Have you ever had a concussion?

☐ Yes

☐ No

If yes, how many and when?

Have you ever passed out during or after exercise?

☐ Yes

☐ No

If yes, please explain

Do you have any allergies (medicine, food, etc.)?

☐ Yes

☐ No

If yes, please list

Are you currently taking any medication?

☐ Yes

☐ No

If yes, please list

FAMILY HISTORY

Has any family member died before age 50 due to heart disease or other sudden death?

☐ Yes

☐ No

If yes, who and cause

Any family history of heart problems, sickle cell disease, or other major illness?

☐ Yes

☐ No

If yes, please list

OTHER INFORMATION

Please list any other health concerns, injuries, or information relevant to your athletic participation

