



Name: _____ Sport: _____

**MEDICAL HISTORY FORM FOR ATHLETICS
MEDFIELD HIGH SCHOOL**

This form should be completed and signed by the parent/athlete. The purpose of this medical form is to provide the athletic trainer with a history of any and all injuries sustained by your son/daughter. This information will be kept confidential in a locked file. The information will allow the athletic trainer to assist your child in the event of an injury and possibly avoid an injury. PLEASE COMPLETE ANY AREAS THAT PERTAIN TO YOUR CHILD. PLACE A CHECK IN THE SPACE IF THERE IS NOTHING TO REPORT.

CONCUSSION/HEAD OR NECK INJURY:

Have you ever sustained a head/neck, concussion injury? If you answer is yes please give dates of injury and brief description.

SHOULDER INJURY:

Have you ever injured your shoulder; dislocation, subluxation, separation. If yes please give brief description and dates and if surgical intervention was necessary.

ELBOW, WRIST, HAND:

Have you ever injured any part of your upper extremity. Fractures, sprains, surgery? Please give a brief description and dates.

SPINE/BACK:

Have you ever injured your spine/back or have any predisposition that should be noted for athletes. Please give dates and description.

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HIP, KNEE:

Have you ever injured your hip or knee? Have you ever had surgery to repair these joints? Please give description and dates.

ANKLE/FOOT:

Have you ever sustained an injury to your foot or ankle? Please give description and dates.

Cardiac/Heart:

Does you have any heart irregular beats or other concerns that we should be aware of?

Respiratory/Breathing:

Do you have any breathing or lung issues such as asthma or other medical concerns that we should be aware of?

Please list any other information that you think is important for the athletic trainer or coaches to be aware of for the health and safety of your child. Diabetic, asthma inhaler, allergic to bees or other, scoliosis, Osgood-Slater's, etc.

Please feel free to attach any additional information you feel is appropriate to aid your son/daughter or write on the back side of this form. Thank you for your assistance.

Sport: _____

Parent's Signature: _____ **Date:** _____

Student-athlete's Signature: _____ **Date:** _____

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Pink form