

**TUSCULUM COLLEGE ATHLETIC TRAINING
POST-SEASON HEALTH REVIEW QUESTIONNAIRE**

Name: _____ Sport: _____ Date: _____

As a follow-up to your participation, the Athletic Training staff will review your injuries/illnesses incurred so far. Any problems you have had should be addressed and formal treatment identified. This annual form must be completed following each season of sport participation. Any findings will be referred to the Team Physician or consulting physicians for review and additional treatment as indicated. This examination will be a comprehensive examination for those completing eligibility. Further medical evaluations may be required for specific matters.

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- 1. Have you been hospitalized for had a major illness since your last physical at Tusculum College?** YES or NO
If yes, explain: _____

- 2. Are you currently ill in any way?** YES or NO
If yes, explain: _____

- 3. Have you had a major injury (including cerebral concussion) since your last physical at Tusculum College?** YES or NO
If yes, explain: _____

- 4. Do you have any incompletely healed injury/condition?** YES or NO
If yes, explain: _____

- 5. Are you currently taking any medications and/or supplements?** YES or NO
If yes, explain: _____

- 6. Have you had any surgery since your last physical at Tusculum College?** YES or NO
If yes, explain: _____

- 7. Have you had any accidents or fractures since your last physical at Tusculum College?** YES or NO
If yes, explain: _____

- 8. Have you seen a physician for any reason since your last physical at Tusculum College?** YES or NO
If yes, explain: _____

- 9. Do you know of, or have reason to believe, that you suffer from any health problem which may prevent you from participating in intercollegiate athletics at Tusculum College?** YES or NO
If yes, explain: _____

- 10. Since your last physical at Tusculum College, have you experienced any fainting, dizziness, chest pains, or seizures with exercise?** YES or NO
If yes, explain: _____

- 11. Do you wish to discuss your current health status with the Team Physician?** YES or NO
If yes, explain: _____

The undersigned herewith:

- a. *Understands that he or she must refrain from activity while ill or injured—whether or not medical treatment is being received—until cleared to do so by the Team Physician or a member of the Athletic Training staff under the direction of the Team Physician.*
- b. *Clarifies that the answers to the above are true.*

ATHLETE SIGNATURE _____ **DATE** _____

CERTIFIED ATHLETIC TRAINER SIGNATURE _____ **DATE** _____