

**UPDATED MEDICAL HISTORY FOR RETURNING ATHLETES
UNIVERSITY OF SAINT MARY**



Name (please print)

Sport(s)

Home address

Emergency contact, address and phone

Insurance company, policy number, address

Please list all illnesses and/or injuries in the past year, and approximate date of occurrence: _____

Any changes in your overall health in the past year? _____

Please list all medications, vitamins, or other supplements you take on a routine basis: _____

ALLERGIES (medicine, food, other): _____

Do you currently have any incompletely healed and/or rehabilitated injuries? If yes, please explain: _____

Do you have any health-related condition which may affect your participation in the athletic program at Saint Mary? If yes, please explain: _____

The above information is correct, to the best of my knowledge. I consent for the information, as well as my physical exam, to be shared with the athletic trainers and my coach at the University of Saint Mary.

Signature

Date