

BARD COLLEGE SPORTS MEDICINE FOLLOW-UP HEALTH QUESTIONNAIRE

This follow-up health questionnaire form must be completed and returned by any student-athlete that has received a pre-participation examination of athletics during the spring semester of the previous year and plans on participating during the fall semester of the current year. Failure to do so will result in the student athlete being medically ineligible to participate. In completing and signing this form the student-athlete verifies that all of the information on this form is correct and accurate regarding their current health status

Height: _____ Weight: _____

Please circle the answer to the following questions. If any question is answered "YES", please explain in the space provided.

- | | | |
|--|-----|----|
| 1. Have you been hospitalized, visited the Emergency Room or had a major illness since your last medical examination or health review? | YES | NO |
| 2. Are you currently ill in any way? | YES | NO |
| 3. Have you had a major injury (including concussions) since your last medical examination or health review? | YES | NO |
| 4. Do you currently have any incompletely healed injury? | YES | NO |
| 5. Have you had to consult with a physician for any injury since your last medical examination or health review? (Do not include injuries cared for by the college athletic training staff or team physician.) | YES | NO |
| 6. Are you currently taking any medications on a regular or continuous basis? | YES | NO |
| 7. Are you currently taking any medication for a short-term or for a current illness? | YES | NO |
| 8. Do you know of or do you believe there is any health reason why you should not participate in athletics at this time. | YES | NO |

FEMALES ONLY

Date of your last menstrual cycle: _____

EXPLANATION TO "YES ANSWERS:

The student-athlete understands that further medical evaluation may be required for specific injury/illness listed above. Bard College's Athletic Training Staff will review this questionnaire. Students will be informed if further information and/or medical evaluation is needed before continuing athletic participation. The undersigned certifies that the above information is correct and accurate regarding their current health status.

Print Name: _____

SIGNED: _____

DATE: _____

ATC: _____

DATE: _____