



Bowling Green State University Athletic Department

Please use this document to update your Student-Athlete information for the upcoming academic year. Failure to return this completed form will cause delays in your Pre-Season Physical Exam and Medical Clearance to participate in athletics at Bowling Green State University. **Contact your Athletic Trainer if you have questions.**

STUDENT ATHLETE'S NAME:		SPORT:
DATE OF BIRTH:	BGSU ID#:	Circle One: Fr RSF So RSSo Jr RSJr Sr RSSr

CELL PHONE:	BGSU EMAIL ADDRESS:
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H	FIRST AND LAST NAMES:	MOTHER: (Or Guardian)	FATHER: (Or Guardian)
	HOME MAILING ADDRESS:	Street:	Street:
		City/ State/ Zip:	City/ State/ Zip:
	HOME PHONE #	MOTHER: (Or Guardian)	FATHER: (Or Guardian)
	CELL PHONE #	MOTHER: (Or Guardian)	FATHER: (Or Guardian)
DATE OF BIRTH	MOTHER: (Or Guardian)	FATHER: (Or Guardian)	

CT	CONTACT'S NAME:	
	RELATIONSHIP:	
	EMERGENCY CONTACT'S #:	

INSURANCE INFO	POLICY HOLDER NAME:	POLICYHOLDER DATE OF BIRTH:	
	NAME OF INSURANCE COMPANY		
	INSURANCE ADDRESS	INSURANCE PHONE NUMBER:	
	POLICY NUMBER:	GROUP NUMBER:	
	RELATIONSHIP OF POLICY HOLDER	MEDICAID? (CIRCLE ONE)	YES NO
	Rx GROUP:	Rx BIN:	Rx PCN:

1. I hereby verify that I have submitted a front and back copy of my insurance card:

Student-Athlete Signature (Required)

Date (Required)

(Parent signature required if S-A is under 18 years old)

2. I hereby verify that I am currently covered under this insurance plan and will inform the Athletic Dept. of any changes:

Student-Athlete Signature (Required)

Date (Required)

(Parent signature required if S-A is under 18 years old)

3. I hereby verify that I have read and understand the sports medicine departments policy and procedures rules and regulations:

Student-Athlete Signature (Required)

Date (Required)

(Parent signature required if S-A is under 18 years old)

Roll Along!



Bowling Green State University Athletic Department

64. HEAD (concussion- 'knocked out', surgery, hospitalization, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
65. FACE (fracture, eye, ear, nose, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
66. NECK (strain, fracture, stingers, burners, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
67. SHOULDER (dislocation, strain, sprain, rotator cuff injury, tendonitis, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
68. ARM/ELBOW (sprain, strain, tendonitis, fracture, dislocation, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
69. WRIST/THUMB/HAND (sprain, strain, tendonitis, fracture, dislocation, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
70. FINGERS (sprain, fracture, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
71. CHEST (pain, lungs, heart, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
72. ABDOMEN (kidney, spleen, appendix, liver, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
73. GENITALIA (groin, testicle, ovary, warts, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
74. BACK (strain, sprain, fracture, chronic pain, disc, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
75. HIP/THIGH (strain, fracture, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
76. KNEE (sprain, cartilage, bursitis, tendonitis, patella, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
77. LOWER LEG (sprain, strain, fracture, tendonitis, shins, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
78. ANKLE (sprain, strain, fracture, tendonitis, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
79. FOOT (sprain, fracture, strain, tendonitis, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
80. TOES (sprain, fracture, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
81. OTHERS:	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No

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DO YOU HAVE or HAVE YOU EVER HAD:	Yes	No	Date	Explain
82. Anorexia, Bulimia, or any other eating disorders?	<input type="checkbox"/>	<input type="checkbox"/>		
83. Do you want to weigh more or less than you do right now?	<input type="checkbox"/>	<input type="checkbox"/>		
84. Have you ever induced vomiting to control your weight?	<input type="checkbox"/>	<input type="checkbox"/>		
85. Have you ever used laxatives, diuretics or diet pills for weight loss?	<input type="checkbox"/>	<input type="checkbox"/>		
86. Are you currently taking any vitamins, minerals, or supplements?	<input type="checkbox"/>	<input type="checkbox"/>		
87. Are there any food groups you choose not to eat (meat, dairy, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
88. What is your ideal weight?	Weight:		LBS	
89. What Foods, including supplements, have you eaten in the last 24 hours?				
Breakfast:				
Lunch:				
Dinner:				
Snacks				

THE UNDERSIGNED ATHLETE:

- Understands that he/she must refrain from practices or play while ill or injured, whether or not receiving medical treatment, and during medical treatment until he/she is discharged from treatment or is given permission by a Bowling Green State University Team Physician to restart participation despite continuing treatment.
- Understands that having passed the physical examination does not mean that he/she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him/her at the time of the said evaluation.
- Certifies that the answers to the above questions are correct and true to the best of his/her knowledge.

ATHLETE's SIGNATURE: _____ DATE: _____

PARENT's SIGNATURE: _____ DATE: _____
(required if athlete is under 18 years of age)

I have reviewed this history with the student-athlete, documented all yes answers, and requested all necessary medical records.
BGSU MEDICAL STAFF SIGNATURE: _____ DATE: _____

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