

Roll Along!

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 Se	o RSSo Jr RSJr Sr RSSr						
	CELL PHONE:	BGSU	EMAIL ADDRESS:							
	FIRST AND LAST NAMES:	MOTHER: (Or Guardian)	FATHER: (Or Guardian)							
	HOME MAILING ADDRESS:	Street: City/ State/ Zip:	Street: City/ State/ Zip	»:						
	HOME PHONE #	MOTHER: (Or Guardian)	FATHER: (Or Guardian)							
	CELL PHONE #	MOTHER: (Or Guardian)	FATHER: (Or Guardian)							
Н	DATE OF BIRTH	MOTHER: (Or Guardian)	FATHER: (Or Guardian)							
	CONTACT'S NAME:									
CT	RELATIONSHIP:									
	EMERGENCY CONTACT'S #:									
	POLICY HOLDER NAME:		POLICYHOLDER DATE OF BIRTH:							
IFO	NAME OF INSURANCE COMP	ANY								
INSURANCE INFO	INSURANCE ADDRESS		INSURANCE PHONE NUMBER:							
URAI	POLICY NUMBER:		GROUP NUMBER:							
INS	RELATIONSHIP OF POLICY HOLDER		MEDICAID? (CIRCLE ONE)	YES NO						
	Rx GROUP:	Rx BIN:	Rx PCN:							
1. I	hereby verify that I have submit	ted a front and back copy of my in	nsurance card:							
2. I	Student-Athlete Signature (Rec (Parent signature required if S- hereby verify that I am currently	A is under 18 years old)	Date (Required) n and will inform the Athletic Dept. of any changes:							
3. I	Student-Athlete Signature (Req (Parent signature required if S- hereby verify that I have read an	A is under 18 years old)	Date (Required) e departments policy and procedures rules and regulations:							
	Student-Athlete Signature (Req (Parent signature required if S-	-	_	Date (Required)						

Revised March 2015



Bowling Green State University Athletic Department

Initial Athletic Health History Form & Pre-Participation Physical Exam

					-
Name:	Date	of B	Birth: Sex: M F		
Sport: Class: Frosh Soph JR	SR	5	5 th YR BGSU ID:		I
Home Address:	٥.,	,			1
					-
Campus Address:					1
Cell Phone:	Hom	e Ph	hone:		L
Emergency Contact:	Emei	rgen	ncy Phone:		1
Physician's Name/Address/Phone #:					1
Filysician's Name/Address/Filone #.					1
				KAN S	85. M
Has a doctor ever denied or restricted your participation in sports]	Ε
for any reason? 2. Were you born without or have you suffered the loss of a lung,					C
kidney, eye, testicle, ovary, or any other organ?			41. Do you feel that your vision is good?		
3. Has a doctor ever told you that you have : (Circle, if yes)					Ž.
High Blood Pressure Heart Murmur Heart Problem				기	С
High Cholesterol Heart Infection	_		43. Do you wear any dental appliances? (i.e. Retainer, spacers)	ן	Е
4. Have you ever passed out or nearly passed out during exercise?			44. Are you currently experiencing any dental problems?	ן ⊏	
5. Have you ever passed out or nearly passed out after exercise?					
6. Have you ever had discomfort, pain, or pressure in your chest		<i>p</i> -4	45. Family history of Heart conditions?	<u> </u>	
during exercise?	"		46. Family history of High blood pressure?	וב	С
7. Does your heart race or skip beats during exercise?			47. Family history of Sickle cell anemia or trait?	5	Ē
8. Do you tire more quickly than your teammates?				ם [C
9. Has a doctor ever treated you for asthma or seasonal allergies?]	
10. Do you cough, wheeze, or have difficulty breathing during or after				Contract 1 (Sept.)	T.
exercise?			51. Family history of Marfan's syndrome?	ַ	
11. When exercising in the heat, have you had severe muscle			1 1 1]	Ε
cramping?			53. Family history of Depression?	┚╽	
12. Have you ever become ill from exercising in the heat?					
13. Have you ever been told you have Sickle Cell Anemia or Trait?			54. At what age was your first menstrual period? Age:		
			55. When did your last menstrual period begin? Date:		
14. Pneumonia?			Do. Wijat was the longest time between periods in the last year:		
15. Mononucleosis?			w pr. nake you even been on bit at control pills of injections:		T
16. Rheumatic Fever or Scarlet Fever?					
17. Diabetes?			58 Have you been wearing any type of brace support or other special		
18. Epilepsy/ Convulsions/ Seizures?			nadding for participation in athletic activities?	-	
19. Any bleeding problems or Anemia?			EQ. Halie you had an illness or injury in the last 12 months that has not	_	_
20. An immune system disease? 21. Kidney Disease?			heen listed previously?	3	C
22. A hernia?			■ I60 Have you used in the past or are you currently using any type of	<u> </u>	
23. A stomach disorder or appendicitis?			performance enhancing substances or drugs?	_	
24. Recurrent headaches?			61. Are you currently taking medication for Attention-Deficit Hyperactive	- l	Ē
25. Abdominal pain or nausea?	6		- Disporder?	_	
26. Been hospitalized?	1	 	D2. Do you know of any health reason why you should not participate in	⊐ l	
27. Any surgeries?	ā		the BGSU athletic programs at this time?		
28. A stress fracture?			ios. Have you ever been prescribed an innaier or currently use one?] 	
29. A screw, pin or plate surgically implanted into your body?					
30. Are you taking ANY prescription or over-the-counter medicines?				J #198	5
31. Are you taking ANY supplements, vitamins or herbs?		П			
31. Are you taking Airt supplements, vitamins or nerus:		•		-734	
32. An allergic reaction to medication, food or insects?					
32. An allergic reaction to medication, food or insects?					
32. An allergic reaction to medication, food or insects? 33. Is any doctor presently treating you for any disorder?			# # # # # # # # # # # # # # # # # # # #		
32. An allergic reaction to medication, food or insects? 33. Is any doctor presently treating you for any disorder? 34. An MRI, MR-Arthrogram, X-ray, CT scan or Bone Scan?					
32. An allergic reaction to medication, food or insects? 33. Is any doctor presently treating you for any disorder?			# # # # # # # # # # # # # # # # # # #		
32. An allergic reaction to medication, food or insects? 33. Is any doctor presently treating you for any disorder? 34. An MRI, MR-Arthrogram, X-ray, CT scan or Bone Scan? 35. Do you currently have any problems with your Hearing?			# # # # # # # # # # # # # # # # # # #		



Bowling Green State University Athletic Department

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64. HEAD (concussion- 'knocked out', surgery, hospitalization, other)				LT	RT	1 100 100 100 100 100 100 100 100 100 1	Ye	es	N	lo
65. FACE (fracture, eye, ear, nose, surgery, other)				LT	RT		Υe	25	N	lo
66. NECK (strain, fracture, stingers, burners, surgery, other)				LT	RT		Υe		N	lo
67. SHOULDER (dislocation, strain, sprain, rotator cuff injury, tendonitis, surgery, other)				LT	RT		Y6			lo
68. ARM/ELBOW (sprain, strain, tendonitis, fracture, dislocation, surgery, other)				LT	RT		Ye			lo
69. WRIST/THUMB/HAND (sprain, strain, tendonitis, fracture, dislocation, surgery, other) 70. FINGERS (sprain, facture, surgery, other)				LT LT	RT RT		Y∈ Y∈		******************	lo lo
71. CHEST (pain, lungs, heart, surgery, other)	+			LT	RT		Ye			lo l
72. ABDOMEN (kidney, spleen, appendix, liver, surgery, other)				LT	RT		Ye		*************	lo
73. GENITALIA (groin, testicle, ovary, warts, surgery, other)				LT	RT		Υe			lo
74. BACK (strain, sprain, fracture, chronic pain, disc, surgery, other)				LT	RT		Υe	2S	N	lo
75. HIP/THIGH (strain, fracture, surgery, other)				LT	RT		Υe		N	lo
76. KNEE (sprain, cartilage, bursitis, tendonitis, patella, surgery, other)				LT	RT		Ye			lo
77. LOWER LEG (sprain, strain, fracture, tendonitis, shins, surgery, other)	-			LT	RT		Ye			io
78. ANKLE (sprain, strain, fracture, tendonitis, surgery, other) 79. FOOT (sprain, fracture, strain, tendonitis, surgery, other)				LT LT	RT RT		Ye Ye			lo lo
80. TOES (sprain, fracture, surgery, other)				LT	RT		Ye		************	lo
81. OTHERS:	t			LT	RT		Ye			lo
CONTRACTOR OF THE PROPERTY OF	300 300	Numer :	ai .		1018 (SEC) 44/3 (SE		1911	146		
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DO YOU HAVE or HAVE YOU EVER HAD:	es	No	C	ate			Explain			
,	Þ									
83. Do you want to weigh more or less than you do right now?										
84. Have you ever induced vomiting to control your weight?	口					www.es				
85. Have you ever used laxatives, diuretics or diet pills for weight loss?	P	0					(12)			
86. Are you currently taking any vitamins, minerals, or supplements?					*					
, , , , , , , , , , , , , , , , , , , ,		ight:		LBS					12 05 05	
89. What Foods, including supplements, have you eaten in the last 24 hours?	WVE.	igiit.								
Breakfast:									*****	
Lunch:										
	1									
Dinner:					-					
Snacks	1		*	1						
ΓHE UNDERSIGNED ATHLETE:										
L. Understands that he/she must refrain from practices or play while ill or injured, whether or									ntil he	e/she is
discharged from treatment or is given permission by a Bowling Green State University Team 2. Understands that having passed the physical examination does not mean that he/she is phys	Phy	ysician to	restart	participa ngaga in	ation de: athletics	spite contin	uing treat	tment. Zaluator	did no	nt find
medical reason to disqualify him/her at the time of the said evaluation.	a)Ca	ny quan	ieu to ci	iBaBc iii	a cinic cic.	, but omy t	nat the e	· diadico.	u.u	
3. Certifies that the answers to the above questions are correct and true to the best of his/her	kno	wledge.								
ATHLETE's SIGNATURE:			DATE	:						
PARENT'S SIGNATURE:			DATE	:						
(required if athlete is under 18 years of age)										
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have reviewed this history with the student-athlete, documented all yes an										
BGSU MEDICAL STAFF SIGNATURE:			DATE	:						
	1									