

## Lebanon High School Medical History Questionnaire

Athlete's Name: \_\_\_\_\_ Gender (circle one): M/F

Athlete's DOB: \_\_\_\_\_ Class Status (circle one): Frosh Soph Junior Senior

Fall/Winter/Spring Sport(s): \_\_\_\_\_

### ***Emergency Contact Information:***

Name of Emergency Contact: \_\_\_\_\_

Relationship to student athlete (mother, father, uncle, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### ***Primary Insurance Information (if applicable):***

Company Name: \_\_\_\_\_

Name of Insurance Subscriber: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Name/Number: \_\_\_\_\_

### ***Medical History:***

Athlete History (check all that apply):

Diabetes  Seizures  Sickle Cell Trait  Heart Murmur  Asthma

Hypertrophic Cardiomyopathy  Concussions (most recent was \_\_\_\_\_)

Other (please list): \_\_\_\_\_

Allergies/Sensitivities: \_\_\_\_\_

Medications: \_\_\_\_\_

Primary Care Physician (if applicable): \_\_\_\_\_