



UNITED STATES YOUTH SOCCER ASSOCIATION, INC.
REGION II OLYMPIC DEVELOPMENT PROGRAM

MEDICAL HISTORY QUESTIONNAIRE

NAME: BIRTH DATE: SS#:
ADDRESS: CITY: ST: ZIP:
EMERGENCY CONTACT: PH: HM ( ) WK ( )

PLEASE CIRCLE YES OR NO AND PROVIDE ADDITIONAL DETAILS WHERE REQUESTED ON BOTH SIDES OF THIS FORM. ALL INFORMATION WILL BE CONFIDENTIAL.

- 1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? (List) NO YES
2. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, birth control pills, anti-inflammatories, antibiotics, etc.)? (List & give reasons) NO YES
3. Have you ever had an epileptic seizure? NO YES
4. Have you ever been told by a doctor that you had epilepsy? (List medication) NO YES
5. Have you ever been treated for diabetes? (List medication) NO YES
6. Have you ever been told by a doctor that you were anemic? NO YES When?
7. Have you ever been told by a doctor that you have sickle cell anemia? NO YES
8. Have you ever been told by a doctor that you have sickle cell traits? NO YES
9. Do you have or have you ever had high blood pressure? (List medication) NO YES
10. Do you have or have you ever had the following diseases?
- Heart Disease (heart murmur, rheumatic fever) NO YES Give Date
- Lung Disease (pneumonia) NO YES Give Date
- Kidney Disease (infections) NO YES Give Date
- Liver Disease (mononucleosis, hepatitis) NO YES Give Date
11. Have you ever been told by a doctor that you have asthma? NO YES (List medication)
12. Do you have or have you ever had a hernia or "rupture"? (Has it been repaired) NO YES
13. Have you been "knocked out" (unconscious) in the past 3 years? NO YES (List dates)
14. Have you ever had a concussion or other head injury in the past 3 years? (List dates) NO YES

\*\*\*\*\* PLEASE TURN THIS FORM OVER AND COMPLETE THE OTHER SIDE. THANK YOU \*\*\*\*\*

15. Have you ever stayed overnight in a hospital due to a head injury? NO YES  
(List dates) \_\_\_\_\_
16. Have you ever had a neck injury involving bones, nerves or discs that disabled you a week or longer? NO YES  
(Type of injury) \_\_\_\_\_ (Dates) \_\_\_\_\_
17. Do you wear glasses or contacts during competition? NO YES
18. Do you wear any of the following dental appliances? (Check all that apply)  
NO YES  
REMOVABLE RETAINER      PERMANENT RETAINER      REMOVABLE PARTIAL PLATE  
FULL PLATE      BRACES      PERMANENT CROWN/JACKET
19. Have you had a broken bone or fracture in the past 2 years? NO YES  
R or L? \_\_\_\_\_  
Which bone? \_\_\_\_\_ (Dates) \_\_\_\_\_
20. Have you ever had a shoulder injury in the past 2 years that disabled you a week or longer? NO YES  
(dislocation, separation, etc.) R or L? \_\_\_\_ Type of injury \_\_\_\_\_  
Dates \_\_\_\_\_
21. Have you ever had shoulder surgery? NO YES R or L? \_\_\_\_  
What was done and why? \_\_\_\_\_ (Dates) \_\_\_\_\_
22. Have you ever injured your back? NO YES Type of injury & date \_\_\_\_\_
23. Do you have back pain? (Check those which apply) NO YES  
SELDOM OCCASIONALLY FREQUENTLY WITH VIGOROUS EXERCISE WITH HEAVY LIFTING
24. Have you injured your knee in the past 2 years? NO YES R or L? \_\_\_\_
25. Have you ever been told by a doctor or athletic trainer that you injured the cartilage in your knee? NO YES  
R or L? \_\_\_\_\_ (Dates) \_\_\_\_\_
26. Have you ever been told by a doctor or athletic trainer that you injured the ligaments in your knee? NO YES  
R or L? \_\_\_\_\_ (Dates) \_\_\_\_\_
27. Have you ever had a knee surgery? NO YES  
R or L? \_\_\_\_ What was done? \_\_\_\_\_ (Date) \_\_\_\_\_
28. Have you had a severe ankle sprain in the past 2 years? NO YES
29. Do you have a pin, screw or plate in your body? NO YES  
Where? \_\_\_\_\_ (Date) \_\_\_\_\_
30. Do you have any other conditions we should be aware of (i.e. ulcers, pregnancy, food or insect allergies, tendonitis, etc.)? Specify and give details.  
\_\_\_\_\_  
\_\_\_\_\_
31. Please give dates of your last immunization for the following? NO YES  
Polio \_\_\_\_\_ Tetanus \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Measles \_\_\_\_\_

**THE QUESTIONS ON BOTH SIDES OF THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**Signature of Player**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**