

# DO NOT PRINT DOUBLE SIDED

## CAAT 2011-2012 Medical History Questionnaire

Name

\_\_\_\_\_  
Last First Middle  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Please circle "YES" or "NO" and provide additional details where requested on all three sides of this form.

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?

NO YES (list)

\_\_\_\_\_  
2. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, anti-inflammatories, antibiotics, insulin, etc.)?

NO YES (list and give reason)

\_\_\_\_\_  
3. Have you ever had an epileptic seizure?

NO YES

4. Have you ever been told by a doctor that you have epilepsy?

NO YES (list any medication)

\_\_\_\_\_  
5. Have you ever been treated for diabetes?

NO YES (list any medication)

\_\_\_\_\_  
6. Have you ever been told by a doctor that you were anemic?

NO YES When? \_\_\_\_\_ What treatment? \_\_\_\_\_

7. Have you ever been told by a doctor that you have sickle cell anemia?

NO YES

8. Do you have or have you ever had high blood pressure?

NO YES (list any medication)

\_\_\_\_\_  
9. Do you have, or have you ever had, the following diseases?

Heart disease (heart murmur, rheumatic fever, other)

NO YES (give name and date)

\_\_\_\_\_  
Lung disease (pneumonia, other)

NO YES (give name and date)

\_\_\_\_\_  
Kidney disease (infections, other)

NO YES (give name and date)

\_\_\_\_\_  
Liver disease (mononucleosis, hepatitis, other)

# DO NOT PRINT DOUBLE-SIDED

# DO NOT PRINT DOUBLE SIDED

NO YES (give name and date)

---

10. Have you ever been told by a doctor that you have asthma?

NO YES (list any medication)

---

11. Do you have or have you ever had a hernia or "rupture"?

NO YES (if so, has it been repaired?)

---

12. Have you been "knocked out" or become unconscious in the past three years?

NO YES (if so, describe and give date(s))

---

13. Have you had a concussion or other head injury in the past three years?

NO YES (if so, describe and give date(s))

---

14. Have you stayed overnight in a hospital due to a head injury?

NO YES (if so, list date(s))

---

15. Have you ever had a neck injury involving bones, nerves, or disks that disabled you for a week or longer?

NO YES Type of injury \_\_\_\_\_ Date(s) \_\_\_\_\_

16. Do you wear glasses or contacts during competition?

No YES

17. Do you wear any of the following dental appliances:

NO YES (Circle those that apply)

Permanent bridge Braces Removable retainer Permanent retainer

Removable partial plate Full plate Permanent crown or jacket

18. Have you had a broken bone (fracture) in the past two years?

NO YES

What bone? \_\_\_\_\_ right or left? \_\_\_\_\_ Dates \_\_\_\_\_

19. Have you had a shoulder injury in the past two years that disabled you for a week or longer (dislocation, separation, etc.)?

---

NO YES

Type of injury \_\_\_\_\_ right or left? \_\_\_\_\_ Dates \_\_\_\_\_

20. Have you ever had shoulder surgery?

NO YES What was done and why?

---

right or left? \_\_\_\_\_ Dates \_\_\_\_\_

21. Have you ever injured your back?

NO YES Type of injury \_\_\_\_\_ Date (s) \_\_\_\_\_

22. Do you have back pain?

NO YES (Circle any that apply)

Seldom Occasionally Frequently With Vigorous Exercise With Heavy Lifting

23. Have you injured your knee in the past two years?

NO YES

24. Have you been told by a doctor or athletic trainer that you injured the cartilage in your

# DO NOT PRINT DOUBLE-SIDED

# DO NOT PRINT DOUBLE SIDED

knee?

NO YES right or left? \_\_\_\_\_ Date(s) \_\_\_\_\_

26. Have you ever had knee surgery?

NO YES What was done and why? \_\_\_\_\_

Right or left? \_\_\_\_\_ Date(s) \_\_\_\_\_

27. Have you had a severe ankle sprain in the past two years?

NO YES

28. Do you have a pin, screw, or plate in your body?

NO YES

Where in your body? \_\_\_\_\_ Date(s) \_\_\_\_\_

29. Do you have any other conditions that we should be aware of (i.e., ulcers, pregnancy, food or insect allergies, tendonitis, etc.)?

NO YES (Specify and give details)

\_\_\_\_\_

30. Please give the dates of your last tetanus and polio shots:

Tetanus: \_\_\_\_\_ Polio: \_\_\_\_\_

The questions on this form have been answered completely and truthfully to the best of my knowledge.

Signature of Athlete (or parent if athlete is a minor)

Date

# DO NOT PRINT DOUBLE-SIDED

# DO NOT PRINT DOUBLE SIDED

## PACIFIC NORTHWEST SWIMMING Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul>

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can't recall events prior to hit</li><li>• Can't recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul>

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport  
Document created 9/15/2009

# DO NOT PRINT DOUBLE-SIDED

# DO NOT PRINT DOUBLE SIDED

## PACIFIC NORTHWEST SWIMMING

### Concussion Information Sheet

Athletes with the signs and symptoms of concussion must be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and athletes is the key for athlete safety.

#### If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion must be removed from the meet or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one meet or practice than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

This form must be signed and dated by BOTH athlete and parent or guardian BEFORE the athlete can participate in practice or competition.

\_\_\_\_\_  
Athlete Name Printed

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport  
Document created 9/15/2009

# DO NOT PRINT DOUBLE-SIDED

