

# JCC Swimming Medical History Questionnaire

Name \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Sex: M or F

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)  
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 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: \_\_\_\_\_

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

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

*Date*