

# MANHATTANVILLE COLLEGE MEDICAL HISTORY UPDATE FORM

For Returning Athletes ONLY



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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Pulse: \_\_\_\_\_  
 Vision: R \_\_\_\_\_/20 L \_\_\_\_\_/20 \*\*\*\* To be completed by athletic training staff only\*\*\*\*

Please complete the following form in regard to your physical health since your *last medical evaluation at Manhattanville College*.

	Yes	No	Explain
Head			
Shoulder			
Arm/Hand			
Neck			
Ribs			
Back			
Hip			
Thigh			
Knee			
Leg			
Ankle			
Foot			

1. Have you suffered any illnesses in the last year? Y N  
 a. If yes, please explain: \_\_\_\_\_
2. Do you have any incompletely healed injuries? Y N  
 a. If yes, please explain: \_\_\_\_\_
3. Do you feel that there are any limitations placed on your full participation? Y N  
 a. If yes, please explain: \_\_\_\_\_
4. Have you been prescribed any new medications within the last year? Y N  
 a. If yes, please explain: \_\_\_\_\_
5. Have you developed any allergies to medications? Y N  
 a. If yes, please explain: \_\_\_\_\_
6. Have you had any vision changes in the past year? Y N  
 a. If yes, please explain: \_\_\_\_\_
7. Have you had any physical problems which have not been addressed above? Y N  
 a. If yes, please explain: \_\_\_\_\_

To the best of my knowledge, the aforementioned information is correct. The changes in my health history over the past year are complete and correct.

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

\_\_\_\_\_  
Date

**\*\*\*\* The department of Sports Medicine reserves the right to request an athlete be re-evaluated by a physician based on the information included in the follow-up health history form. \*\*\*\***