



CENTRAL CHRISTIAN COLLEGE PERSONAL INFORMATION SHEET

Name of Athlete:

Sport:

Social Security Number:

Date of Birth:

Student's Home Address:

State, City, Zip Code:

Student's Cell Phone:

Emergency Contacts Name:

Emergency Contacts Cell Phone Number:

Father/Guardian's Information

Name:

Address:

City, State, Zip:

Cell Phone:

Mother/Guardian's Information

Name:

Address:

City, State, Zip:

Cell Phone:



Central Christian College Medical Release Form

I, _____ hereby authorize the release of my personal health information (e.g., information relating to the diagnosis, treatment, claims payment, personal information and health care services provided, or to be provided). I also authorize the release of any information that identifies my name, address, social security number. This information can be released to and by CCC athletic training staff for the purpose of treating me while I am a CCC athlete. I allow this information to be released to doctors or whoever deemed necessary for the purpose of medical referrals and processing insurance claims and health benefit coverage issues.

Signature of Athlete: _____ Date: _____

Witness: _____ Date: _____



Central Christian College Pre-Participation Medical History

Name: _____ Date: _____ Sport _____

SS#: _____ - _____ - _____ Date of Birth: _____/_____/_____

- 1. Have you ever been hospitalized?----- Y N
- 2. Have you ever had surgery?----- Y N
- 3. Are you presently under a doctor's care?----- Y N
- 4. Are you presently taking any medications or pills?----- Y N
- 5. Do you have any allergies (medicine, bees or other stinging insects)?----- Y N
- 6. Have you ever been dizzy during or after exercise?----- Y N
- 7. Have you ever had chest pain during or after exercise?----- Y N
- 8. Have you ever had high blood pressure?----- Y N
- 9. Have you even been told that you have a heart murmur?----- Y N
- 10. Have you ever had racing of the heart or skipped heartbeats?----- Y N
- 11. Has anyone in your family died of heart problems or a sudden death before the age of 50?----- Y N
- 12. Has anyone in your family had Marfan's syndrome?----- Y N
- 13. Do you have any skin problems (itching, rashes, acne)?----- Y N
- 14. Have you ever had a head injury?----- Y N
- 15. Have you ever been knocked out or unconscious?----- Y N
- 16. Have you ever had a seizure, "fit" or epilepsy?----- Y N
- 17. Have you ever had a stinger, burner or pinched nerve?----- Y N
- 18. Have you ever had heat cramps, heat illness or muscle cramps?----- Y N
- 19. Do you have trouble breathing or do you cough during or after activity?----- Y N
- 20. Do you use any special equipment (pads, braces, eye guards, etc.)?----- Y N
- 21. Have you had any problems with your eyes or vision?----- Y N
- 22. Do you wear glasses or contacts or protective eyewear?----- Y N
- 23. Are you missing an eye, kidney, or testicle?----- Y N
- 24. Have you every sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?----- Y N

___Head	___Shoulder	___Thigh	___Neck	___Elbow	___Knee	___Foot
___Forearm	___Shin/calf	___Back	___Wrist	___Ankle	___Hip	___Hand

- 25. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)?----- Y N
- 26. Have you had a medical problem or injury since your last evaluation?----- Y N
- 27. When was your last tetanus shot?----- _____
- 28. When was your first menstrual period?----- _____
- 29. When was your last menstrual period?----- _____
- 30. What was the longest time between your periods last year?----- _____

Please explain "Yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Athlete Signature _____ Date _____

Athletic Authorization

I hereby authorize Central Christian College or its representatives, to inspect or secure copies of in-case history records, laboratory reports, diagnoses, X-rays, and other data covering this and/or previous confinements and/or disabilities. I authorize that the college or its insurance agent pay the medical vendors direct for any bills incurred for accidents that are covered under the coverage purchased or provided by the college as primary insurance. I give authorization to athletic trainer(s) and/or physician/physician assistants to evaluate and treat any injuries/illnesses that occur during athletic participation at Central Christian College. This includes immediate first aid treatment, x-ray, physical exam, follow-up care, and rehabilitation. I understand the team physician/physician assistant(s) has/have authority to eliminate me from participation because of an injury and/or because of an undue risk of liability to Central Christian College. I further release any and all medical information to school administration and health care staff to be used in the treatment and rehabilitation of injuries and /or illnesses. A photostatted copy of this authorization shall be deemed as effective and valid as the original.

Athlete Signature _____ Date _____

Parent Signature (if athlete under 18) _____ Date _____



Central Christian College Physical Examination

Name _____ Date _____

B/P _____/_____

Vision R 20/ ____ L 20/ ____

Height _____

Weight _____

Corrected Vision (Circle): Yes No

Pupils (Circle): Equal/ Unequal

	Regular	Irregular (Report Findings)
Heart		
Lungs		
Skin		
Abdomen		
Neck		
Shoulders		
Elbows		
Wrist		
Hands		
Back		
Knees		
Ankles		
Feet		

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared due to: _____

Recommendation:

I hereby certify that I examined this athlete. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, except those marked below: Baseball, Softball, Basketball, Cross Country, Soccer, Volleyball, Tennis, Cheer, Golf

Signature of CCC Physician _____ **Date:** _____