

Sierra College Follow-up Medical Questionnaire

Name: _____ Sport: _____ Birth Date: ____/____/____

The purpose of the follow-up medical questionnaire is to document if you have sustained any injury or illness **since your last pre-participation health screening at Sierra College**. Please circle the appropriate answer and explain any yes answers.

1. Have you sustained an injury or developed a medical condition within the past year that required examination by a physician, x-rays, hospitalization or surgery? Yes No

Explain: _____

2. Are you currently taking any medications or supplements? Yes No

List: _____

3. Have you sustained a head injury or concussion within the past year? Yes No

Explain: _____

4. Have you experienced a seizure within the past year? Yes No

Explain: _____

5. Have you experienced an asthma attack within the past year? Yes No

Explain: _____

6. Have you sustained any injuries over the summer? Yes No

Explain: _____

7. Do you have any other health related issues or medical conditions that the Sierra College sports medicine staff needs to be aware of? Yes No

Explain: _____

Do you want to see a physician at this time about a problem that might affect my sports performance? Yes No

Signature

Date