Vanderbilt University Camp/Clinic Medical Forms

*Entire Page to Be Completed By Patient

Personal History

Name	Sex	Age	Date of Birth
_____	Male Female	_____	_____/_____/_____

School	Name of Camp Attending
_____	_____

Parent/Guardian Name	Cell Phone	Work/Home Phone
_____	_____	_____

Secondary Contact Name	Relationship	Cell Phone	Work/Home Phone
_____		_____	_____

Personal Physician Name	Physician Phone Number
_____	_____

Insurance Company Name	Policy Number	Group Number	Phone
_____	_____	_____	_____

Medical History

Please explain "Yes" answers below questions.	Yes	No
1. Have you ever been hospitalized?	❒	❒
If yes, explain:_____		
2. Have you ever had surgery?	❒	❒
If yes, explain:_____		
3. Are you presently taking any medications or pills?	❒	❒
If yes, explain:_____		
4. Do you have allergies (medicine, bees or other stinging insects, Shellfish, nuts)?	❒	❒
If yes, explain:_____		
5. Have you every passed out during exercise?	❒	❒
If yes, explain:_____		
6. Have you ever been dizzy during or after exercise?	❒	❒
If yes, explain:_____		
7. Have you ever had chest pain during exercise?	❒	❒
If yes, explain:_____		
8. Have you ever had high blood pressure?	❒	❒
If yes, explain:_____		
9. Have you ever been told that you have a heart murmur?	❒	❒
If yes, explain:_____		
10. Has anyone in your family died of heart problems or a sudden death before the age of 50?	❒	❒
If yes, explain:_____		
11. Have you ever had a head injury?	❒	❒
If yes, explain:_____		
12. Have you ever been knocked unconscious?	❒	❒
If yes, explain:_____		
13. Have you ever had a seizure?	❒	❒
If yes, explain:_____		
14. Have you ever had a stinger, burner or pinched nerve?	❒	❒
If yes, explain:_____		
15. Have you ever had heat or muscle cramps?	❒	❒
If yes, explain:_____		
16. Have you ever been dizzy or passed out in the heat?	❒	❒
If yes, explain:_____		

17. Do you have trouble breathing or do you cough during or after activities? ❒ ❒
    If yes, explain:_____
18. Do you wear glasses or contacts or protective eye wear? ❒ ❒
    If yes, explain:_____
19. Have you ever had any other medical problem (infectious mononucleosis, diabetes)? ❒ ❒
    If yes, explain:_____
20. Have you ever had a medical problem since your last evaluation? ❒ ❒
    If yes, explain:_____
21. When was your last tetanus shot? _____

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

_____	_____	_____
Signature of Athlete	Signature of Parent/Guardian	Date