Athletic Based Training Athlete Health History Questionnaire

Name_____Date_____

1. When was your last physical?_____
2. Has your doctor cleared you to take part in all physical activity (weight training and/or running included)? If no, please explain why

   _____
3. Are you currently under a doctor's care for anything? (if yes, please explain)

   _____
4. Have you had any injuries to the following areas (if yes, please explain)

	No	Yes
Head		
Neck		
Shoulders		
Elbows/wrist/forearms/fingers		
Chest or Torso		
Back (mid and/or lower back)		
Hips		
Upper leg (femur/Hamsting/quads		
Knee		
Ankle		
Feet/toes		

5. Do you suffer from any of the following? Please check yes or no to the following If yes, please give details

	No	Yes	frequency	treatment
headaches				
Seizure disorder				
Hypo/hyperglycemia				
diabetes				
Asthma				
Exercise induced asthma				
Dizzy spells				
Neurological disorders				
Digestive disorder (such as celiac)				

High blood pressure				
Heat illness				
Anorexia or bulimia				

5. Have you had any surgeries? Please indicate where/why

_____

6. What medicines or prescriptions are you currently taking?

_____

7. Do you currently take nutritional supplements or over-the-counter medications? If yes, please list all

_____

_____

8. How would you rate your nutritional habits 1-5 (5 being outstanding).

_____

9. Please answer the following nutritional questions:

Y/N I eat breakfast. If yes, what_____
Y/N I eat a big dinner
Y/N I eat 5-6 small meals a day
Y/N I eat fast food. If yes, how many times per week?_____
Y/N I eat 3-5 fruits & veggies per day?
Y/N I skip meals regularly
Y/N I eat late at night
Y/N I eat candy or sugar snacks everyday

Please provide any other information you deem important to your program with ABT and list any other conditions not included above that were omitted above

_____

I attest that the above is true to the best of my knowledge. If at any time there is a change to my medical status I will immediately inform athletic based training and their staff.

Printed_____

Signed_____Date____

Parent Signature required if under 18