

USA Wrestling

MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name _____ USA Card No. _____
USA Team Tour _____ Age _____ Weight Class _____
Emergency Contact _____ Phone No. _____

PLEASE CIRCLE THE CORRECT ANSWER. ALL INFORMATION WILL BE CONFIDENTIAL

- Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so, please indicate which medication(s)
- Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed.
- Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?
- Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use.
- Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?
- Yes No 6. Do you have or have you ever had high blood pressure, heart murmur, or any other heart abnormality? If so, list any medication for it that you take regularly.
- Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones.
Heart disease (rheumatic fever) Liver disease (hepatitis)
Kidney disease (infections) Lung disease (pneumonia)
- Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly?
- Yes No 9. Do you presently have an unrepaired hernia?
- Yes No 10. Have you been knocked unconscious or experienced a concussion during the past 3 years? If so, give the dates of each.
- Yes No 11. If the answer to No. 10 is "yes" did the attending physician have you stay overnight in a hospital? If yes, give the dates of each.
- Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs which required hospital treatment? If yes, give the dates of each such injury.

PLEASE COMPLETE THE SECOND PAGE OF THIS FORM AND SIGN IT. THANK YOU.

- Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:
 Permanent bridge Permanent crown or jacket
 Braces Full plate Removable partial plate
 Permanent retainer Removable retainer
- Yes No 14. Do you wear contact lenses during competition?
- Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date it happened. _____
- Yes No 16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the date of the injury _____
- Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, give the dates and what was done. _____
- Yes No 18. Have you ever had a severe injury to your back? _____
- Yes No 19. Do you experience severe pain in your back? If yes, indicate frequency:
 Seldom Occasionally Frequently
 With vigorous exercise With heavy lifting
- Yes No 20. Have you injured your knee during the past 2 years with severe swelling as a result? _____
- Yes No 21. Have you ever been told that you injured the ligaments and/or cartilage of either knee? _____
- Yes No 22. Have you ever been advised to have surgery to correct a knee problem?
- Yes No 23. If the answer to No. 22 is yes, has the surgery been completed? Date _____
- Yes No 24. Have you experienced a severe sprain of either ankle during the past 2 years?
- Yes No 25. Have you had any injury to your foot or toes in the past 2 years. If yes, explain:

- Yes No 26. Do you have a bleeding disorder? If yes, explain _____
- Yes No 27. Do you have herpes or any other skin problem? _____
- Yes No 28. Do you have any health or medical problem you would like to discuss? if so, explain: _____

The questions on both pages of this form have been answered completely and truthfully to the best of my knowledge.

Wrestler's Signature _____ Date _____

Parent / Guardian Signature _____

IF THE WRESTLER IS LESS THAN 18 YEARS OF AGE