**UNITED STATES YOUTH SOCCER**

Proud Member of the United States Soccer Federation, Inc.

**OLYMPIC DEVELOPMENT PROGRAM**

**MEDICAL HISTORY QUESTIONNAIRE**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET CITY STATE ZIP

DATE OF BIRTH SEX EMERGENCY CONTACT PHONE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CIRCLE "YES" OR "NO" AND PROVIDE ADDITIONAL DETAILS WHERE REQUESTED ON BOTH SIDES OF THIS FORM. ALL INFORMATION WILL BE CONFIDENTIAL.**

1. Do you have allergies to medicines, pollen, foods, and/or stinging insects? NO YES

(Please List)

2. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, birth control NO YES

pills, anti-inflammatories, antibiotics, etc.)?

(List & give reason)

3. Have you ever had a seizure? NO YES

4. Have you ever been told by a doctor that you have epilepsy? NO YES

(List medication)

5. Have you ever been treated for diabetes? NO YES

6. Have you ever been told by a doctor that you were anemic? NO YES

When?

7. Have you ever been told by a doctor that you have sickle cell anemia or that you carry the sickle cell trait? NO YES

8. Do you have or have you ever had high blood pressure? NO YES

(List medication)

9. Do you have or have you ever had the following diseases?

- Heart disease (heart murmur, rheumatic fever) Give date NO YES

- Lung disease (pneumonia) Give date NO YES

- Kidney disease (infections) Give date NO YES

- Liver disease (mononucleosis, hepatitis) Give date NO YES

10. Do you or have you ever been told by a doctor that you have asthma? NO YES

(List medications)

11. Do you or have you ever had a hernia or "rupture"? NO YES

Has it been repaired? NO YES

12. Have you ever been hospitalized? Please give dates and reason. NO YES

13. Have you been "knocked out" (unconscious)? (If yes, List Dates) NO YES

14. Have you had a concussion or other head injury? (If yes, List Dates) NO YES

15. Have you ever had a neck injury involving bones, nerves or discs that disabled you for a NO YES

week or longer? Type of injury?

Dates

16. Do you wear glasses or contacts during competition? NO YES

17. Do you wear any of the following dental appliances: PERMANENT BRIDGE, BRACES, NO YES (circle REMOVABLE RETAINER, PERMANENT RETAINER, REMOVABLE PARTIAL PLATE, those which

FULL PLATE, PERMANENT CROWN OR JACKET? apply)

18. Have you had a broken bone or dislocation in the past 2 years? NO YES

R or L What bone? Dates

19. Have you had a shoulder injury (dislocation, separation, etc.) NO YES

R or L Type of injury? Treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates

20. Have you ever injured your back? NO YES

Type of injury? Treatment? Date

21. Do you have back pain? NO YES (circle SELDOM, OCCASIONALLY, FREQUENTLY, WITH VIGOROUS EXERCISE, WITH those which

HEAVY LIFTING apply)

22. Have you injured your knee? Type of injury? NO YES

R or L Treatment? Date

23. Have you ever injured your ankle? Type of injury? NO YES

R or L Treatment? Date

24. Do you have a pin, screw, or plate in your body? NO YES

Where in your body? Date

25. Have you ever had a menstrual period? NO YES

If yes, age when you had your first menstrual period \_\_\_\_\_\_\_\_\_\_\_\_\_

How many periods have you had in the last 12 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26. Do you have any other conditions that we should be aware of? NO YES

(specify & give details)

27. Please give the date of your last immunization for: tetanus polio

mumps rubella measles chicken pox \_\_\_\_\_\_\_\_\_\_

**THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date Signature of Player Date

Form 1008 (rev 4/06)