

Youngstown State University  
Athletic Training Room  
**General Health Questionnaire**

IN THE PAST FOUR YEARS, have any of the following occurred? *Please circle appropriate response*

- Have you been hospitalized for any reason?..... **YES NO**
- Have you had surgery?..... **YES NO**
- Have you been ill in any way?..... **YES NO**
- Do you currently have injury that is not completely healed?..... **YES NO**
- Are you currently going to Physical Therapy or rehabilitating an injury?..... **YES NO**
- Are you taking any medication on a regular basis?..... **YES NO**
- Have you had any accidents and/or fractures since your last physical exam at the University? **YES NO**
- Have you had an allergic reaction to food, medication, or stinging insects?..... **YES NO**
- Have you been diagnosed with diabetes?..... **YES NO**
- Have you been diagnosed with epilepsy?..... **YES NO**
- Have you been diagnosed with sickle cell trait or any other blood disorder?..... **YES NO**
- Are you currently taking a prescription or over the counter medications, inhaler?..... **YES NO**
- Have you passed out during exercise?..... **YES NO**
- Have you had irregular heartbeats, chest pain, or dizziness after exercising?..... **YES NO**
- Do you have high blood pressure or high cholesterol?..... **YES NO**
- Have you had any significant head injury, been knocked unconscious, or had any seizures?.. **YES NO**
- Have you had any significant illnesses such as mono, staph infection, or recurring illness?.... **YES NO**
- Have you been diagnosed with asthma or seasonal allergies?..... **YES NO**
- Have you attended professional counseling for emotional/behavioral issues?..... **YES NO**
- Have you had any new onset or unusual headaches?..... **YES NO**
- Have you had any shortness of breath, wheezing, or coughing during exercise?..... **YES NO**
- Have you seen a physician in the past year?..... **YES NO**
- Would you like to discuss current health issues with team physician?..... **YES NO**
- Have you been treated or evaluated for an eating disorder?..... **YES NO**
- Any menstrual problems/irregularities?..... **YES NO**

Have you sustained any injuries to (Please check all that apply):

- Neck     Shoulder     Elbow     Wrist     Fingers/Thumb     Back
- Hips     Knee     Ankle     Foot     Low Back

Do you know of any health reason why you should **NOT** participate in Youngstown State University Intercollegiate Athletic programs at this time?..... **YES NO**

Clarify all positive answers:

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The undersigned, herewith:

- A. Understands that he/she must refrain from practice while ill or injured, whether or not receiving medical treatment until he/she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continuing treatment.
- B. Understands that having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him/her at the time of said examination.
- C. Understands that this form will be reviewed by the YSU medical staff prior to granting medical eligibility.
- D. Acknowledge, affirm and represent that the answers to the above questions are correct and true.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_