

# Daytona State College Follow-up Medical Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_/\_\_/\_\_ Sport: \_\_\_\_\_

Answer the following questions are in reference to injuries/illnesses **within the past year.**

1. Have you sustained an injury requiring surgery, x-rays, hospitalization or required the examination of a physician? Yes No  
Explain: \_\_\_\_\_
2. Are you currently under the care of a physician? Yes No  
Explain: \_\_\_\_\_
3. Are you currently taking any medications? Yes No  
List: \_\_\_\_\_
4. Have you sustained a head injury / concussion within the past year that has not been evaluated by our team physician? Yes No  
Explain, including dates and location:  
\_\_\_\_\_
5. Have you experienced a seizure within the past year? Yes No  
Explain: \_\_\_\_\_
6. Have you experienced an asthma attack within the past year? Yes No  
Explain: \_\_\_\_\_
7. Have you sustained an injury over the summer? Yes No  
Explain: \_\_\_\_\_
8. Does the DSC sports medicine staff need notification of any other health related issues? Yes No  
Explain: \_\_\_\_\_
9. Have you been out of the United States within the last three (3) months? Yes No  
If yes, where and when? \_\_\_\_\_
10. Have you lost or gained more than 10 pounds in the last year? Yes No  
Explain: \_\_\_\_\_

**Please read carefully and sign below:**

I understand that failure to disclose accurate information could result in my being ineligible to participate in practices or events on a Daytona State College intercollegiate athletic team. I understand I must not practice or play during medical treatment for an injury or illness until I am discharged from treatment or given a written permit by the attending physician to resume participation. I understand that having passed the physician examination does not necessarily mean that I am physically qualified in athletics, but only that the examiner did not find a medical reason to disqualify me. I understand that Daytona State College is not financially responsible for injury or illness that occurs outside a DSC scheduled and sanctioned practice or event. I understand that failure to follow the procedures outlined in the Athletic Injury, Illness and Medical Care Procedures Brochure will result in my being ineligible to participate in practices or events on a Daytona State College intercollegiate athletic team.

All statements and answers in the above questionnaire are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date