

SUFFOLK UNIVERSITY

Department of Athletics

Pre-Participation Medical Questionnaire- Personal Information

Sport: _____ Date: _____

I. GENERAL INFORMATION (please print or type)

Name: _____ Age: _____

Home Address: _____

Home Phone Number: _____ Cell Phone: _____

Local Address: _____

Local Phone Number: _____ E-Mail Address _____

Date of Birth: _____ SS#: _____

Marital Status: _____ Year in School: _____

Height: _____ Weight: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Address: _____

Parent's/Guardian's Home Phone Number: _____ Cell Phone: _____

Emergency Contact Person (Name and Relation): _____

Emergency Contact Address: _____

Emergency Contact Phone Numbers: _____

Family Doctor's Name, Address, and Phone Number: _____

II. FAMILY MEDICAL HISTORY

If living state age and general health (i.e. good, fair)

If deceased, state age of death and cause if known

Father: _____ Mother: _____

Brothers & Sisters: _____

Family History of (Please Circle and Give Relation):

TB Diabetes High Blood Pressure Cancer Heart Disease

V. AUTHORIZATION FOR RELEASE OF RECORDS

I, _____, do hereby authorize the Athletic Department of Suffolk University to release my medical records to Student Health Services, Team Physicians, Sports Information Office, Insurance Company and the Media if requested.

Signature of Student-Athlete

Date

Signature of Parent/Guardian
(If athlete if under 18 years of age)

Date

VI. AUTHORIZATION AND CONSENT FOR TREATMENT

I, do hereby give permission to the medical staff at Suffolk University to render me whatever procedure is necessary for first aid and/or emergency treatment, rehabilitation, and injury evaluation and to obtain my medical records or information pertaining to myself.

Signature of Student-Athlete

Date

Signature of Parent/Guardian
(If athlete is under 18 years of age)

Date

To the best of my knowledge, the information provided herein to the Athletic Training Department via these forms is true.

Signature of Student-Athlete

Date

Signature of Parent/Guardian
(If athlete is under 18 years of age)

Date