# Vanderbilt University Summer Camp Medical Forms

*Entire Page to Be Completed By Patient*

## Personal History

<table>
<thead>
<tr>
<th>Name</th>
<th>Male</th>
<th>Female</th>
<th>Age</th>
<th>Date of Birth</th>
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<tr>
<th>School</th>
<th>Name of Camp Attending</th>
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<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Cell Phone</th>
<th>Work/Home Phone</th>
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<tr>
<th>Secondary Contact Name</th>
<th>Relationship</th>
<th>Cell Phone</th>
<th>Work/Home Phone</th>
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<tr>
<th>Personal Physician Name</th>
<th>Physician Phone Number</th>
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<tr>
<th>Insurance Company Name</th>
<th>Policy Number</th>
<th>Group Number</th>
<th>Phone</th>
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## Medical History

**Please explain “Yes” answers below questions.**

1. Have you ever been hospitalized?
   - If yes, explain: ____________________________

2. Have you ever had surgery?
   - If yes, explain: ____________________________

3. Are you presently taking any medications or pills?
   - If yes, explain: ____________________________

4. Do you have allergies (medicine, bees or other stinging insects, Shellfish, nuts)?
   - If yes, explain: ____________________________

5. Have you ever passed out during exercise?
   - If yes, explain: ____________________________

6. Have you ever been dizzy during or after exercise?
   - If yes, explain: ____________________________

7. Have you ever had chest pain during exercise?
   - If yes, explain: ____________________________

8. Have you ever had high blood pressure?
   - If yes, explain: ____________________________

9. Have you ever been told that you have a heart murmur?
   - If yes, explain: ____________________________

10. Has anyone in your family died of heart problems or a sudden death before the age of 50?
    - If yes, explain: ____________________________

11. Have you ever had a head injury?
    - If yes, explain: ____________________________

12. Have you ever been knocked unconscious?
    - If yes, explain: ____________________________

13. Have you ever had a seizure?
    - If yes, explain: ____________________________

14. Have you ever had a stinger, burner or pinched nerve?
    - If yes, explain: ____________________________

15. Have you ever had heat or muscle cramps?
    - If yes, explain: ____________________________

16. Have you ever been dizzy or passed out in the heat?
    - If yes, explain: ____________________________
17. Do you have trouble breathing or do you cough during or after activities? □   □
   If yes, explain:_____________________________________________________

18. Do you wear glasses or contacts or protective eye wear? □   □
   If yes, explain:_____________________________________________________

19. Have you ever had any other medical problem (infectious mononucleosis, diabetes)? □   □
   If yes, explain:_____________________________________________________

20. Have you ever had a medical problem since your last evaluation? □   □
   If yes, explain:_____________________________________________________

21. When was your last tetanus shot? _________

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

_________________________________  ____________________________________  __________
Signature of Athlete  Signature of Parent/Guardian  Date