



MOTOR CITY GYMNASTICS MEDICAL HISTORY FORM

- 1. Is there a condition that would preclude or limit the individual's participation in our programs? NO YES
If yes, please explain: _____
- 2. Has the participant ever been informed they have Asthma? NO YES
If so, please explain how it is controlled by medication: _____
- 3. Has the participant ever been informed they might have epilepsy or ever experienced a seizure? NO YES
- 4. Has the participant been treated for infectious mononucleosis, viral pneumonia, or another infectious disease during the past twelve months? NO YES
If yes, please explain: _____
- 5. Has the participant ever been treated for or informed by a medical doctor they have a heart problem, a heart murmur, or high blood pressure? NO YES
- 6. Has the participant ever been told they had hemophilia or other bleeding disorders or currently have easy bleeding or bruising? NO YES
- 7. Has the participant ever been told they have a hernia? NO YES
If so, is it repaired? ____
- 8. Has the participant had any operations in the past two years? NO YES
If yes, please indicate the anatomical site and date: _____
- 9. Is the participant currently taking prescribed medications? NO YES
If so, please indicate the drug and indicate why it is prescribed: _____
- 10. Has the participant ever been treated for Osgood-Schlatter (knee) Disease? NO YES
- 11. Has the participant had a fracture during the past two years? NO YES
If yes, please indicate the site of the fracture and the date of the injury: _____
- 12. Has the participant had any joint dislocation during the past two years? NO YES
If so, please indicate which joint: _____
- 13. Does the participant ever experience pain in the back? NO YES
If yes, please indicate the frequency by circling the best answer:
seldom/occasionally/ frequently/ only with vigorous exercise or heavy lifting
- 14. Is the participant allergic to medications? NO YES
If so, please list: _____
- 15. Has the participant had any food allergies? NO YES
If so, please list: _____
- 16. Have there been any disciplinary, emotional, learning disabilities, or other concerns we should be aware of? NO YES
If so, please explain: _____

Comments: _____

GYMNAST'S NAME _____

PARENT/GUARDIAN/STUDENT: You attest that all of the above questions have been answered completely and truthfully to the best of your knowledge.

Parent/Guardian Signature

Date

Gymnast's Signature (if over 18)

Date