

**VOORHEES COLLEGE
INFIRMARY
STUDENT/ATHLETE
PARENT INFORMATION**

Parent/Guardian to complete and return to: Voorhees College
Infirmary
PO Box 678
Denmark, South Carolina 29042

FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS:

NOTE: Complete all blanks. If information is not available, indicate the reason (e.g. deceased, unknown)

I. Name of Athlete _____ Sport _____
Social Security #: _____ Date of Birth: _____
College Address: _____ Phone: _____
Home Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____

II. Father/Guardian: _____ Mother/Guardian _____
Social Security #: _____ Social Security #: _____
Address: _____ Address: _____

III. Employer: _____ Employer: _____
Address: _____ Address: _____

Phone: _____ Phone: _____

IV. Medical Insurance Company or Plan: _____ Medical Insurance Company or Plan: _____

Address: _____ Address: _____

Policy#: _____ Policy#: _____
Group#: _____ Group#: _____

Is the company or plan listed above considered a Health Maintenance Organization (HMO), or a Preferred Provider Organization (PPO)? Yes _____ No _____
Does your insurance company or plan require a second opinion before surgery? Yes _____ No _____
I hereby authorize Voorhees College to secure copies of case history records, laboratory reports, diagnosis, x-rays, and/or previous confinements and/or disabilities. A photocopy of this authorization shall be deemed as effective and valid as the original.

We authorize the college or it's insurance agent to pay the medical vendors direct for any bills incurred from accidents that are covered by the college.

Parent's Signature: _____

Student Athlete's Signature: _____

VOORHEES COLLEGE INFIRMARY STUDENT/ATHLETE

Medical History

Name _____ Date _____
 Last First Middle

Sport _____ SS# _____ Age _____ Birthdate _____

Home Address _____ Phone _____

School Address _____ Phone _____

In Case of Injury Notify _____ Phone _____

Family Doctor _____ Phone _____

Past History (answer yes or no; DO NOT leave anything blank –if it does not apply put NA)

Diseases:		Surgery (list all operations and dates)
Rheumatic fever _____	Scarlet Fever _____	1. _____
Tuberculosis _____	Measels _____	2. _____
Mumps _____	Hepatitis _____	3. _____
Mononucleosis _____	Epilepsy or _____	
	Convulsions _____	

Injuries: (list type and date; athletic or otherwise)	Allergies:	
1. _____	Penicillin _____	Hayfever _____
2. _____	Sulfa Drugs _____	Asthma _____
	Novacaine _____	Other _____

Present Medications (list any medications presently being taken)

1. _____

2. _____

Family History:

Father (age) _____	Brothers (number and ages) _____	Check following diseases if present in any family member
Mother (age) _____	Sisters (number and ages) _____	Diabetes _____
		Heart trouble _____
		Cancer _____
		Blood diseases _____

Head:	Skin:	
Frequent Headaches _____	Excessive sweating _____	Discoloration _____
Injuries _____	Rashes _____	Temperature Changes _____
Difficulty in heat _____	# of times unconscious _____	

Eyes:	Ears:	
Wear glasses _____	Hearing loss _____	Ringling _____
Wear Contacts _____	Drainage _____	Tenderness _____
Frequent infection _____	Contacts filled by _____	
Full address _____		

Mouth and Throat:	Cardiorespiratory:	
Dentist last seen (date) _____	Shortness of Breath _____	Heart Murmur _____
Abnormal bleeding _____	Frequent cough _____	Ever cough up blood _____
Frequent toothaches _____	Chest pain _____	Wheeze _____
Wear mouthgard in HS _____		
Do you wear artificial teeth _____	Neck:	
Frequent sore throats or colds _____	Pain _____	Stiffness _____
Trouble swallowing _____	Swelling _____	Limitation of motion _____
Wisdom Teeth- In _____ Out _____ Hurt _____		

Gastrointestinal:

Frequent nausea _____ Frequent diarrhea _____
 Frequent vomiting _____ Frequent constipation _____
 Food allergies _____ Abdominal pain _____
 Indigestion _____ Hemorrhoids _____
 Ever vomit blood _____

Genitourinary:

Painful urination _____ Bloody urine _____
 Frequent urination _____ Hesitancy _____
 Urgency _____ Venereal disease _____

Nervous System:

Excessive nervousness _____ Paralysis _____
 Impaired sensation _____ Tremor _____

Marital History:

Married _____ Single _____ Children _____

To the best of my knowledge, the above statements are true.

Print name _____

Signature _____

PLEASE ANSWER EACH QUESTION WITH A YES OR NO

HAVE YOU EVER HAD	YES	NO	IF YES, GIVE DATE AND EXPLAIN CIRCUMSTANCES
Burriers or stingers			
Once			
Occasionally			
Frequently			
Shoulder sprain			
Shoulder separation			
Shoulder dislocation			
Shoulder operation			
Broken arm			
Elbow injury			
Broken wrist			
Jammed finger which is till swollen/painful			
Back injury			
Back pain when sitting			
Back pain when standing			
Back pain when bending forward			
Back pain when bending backward			
Hip pointer			
Hip problem			
Pulled muscle			
Broken leg			
Knee sprain			
Knee pain or swelling			
Knee locking or catching			
Knee giving away			
Ankle sprain			
Once			
Occasional			
Frequent			
Heel cord or Achilles tendon injury			
Foot problem			
Flat feet			
High arches			
Heel pain			
Corn, calluses			
Bunions			
Injured toes			

**VOORHEES COLLEGE
DEPARTMENT OF ATHLETICS**

ATHLETIC PARTICIPATION EXAMINATION

NAME _____ SPORT _____

SEX M / F AGE _____ CLASS _____

General Information:

Ht. _____ Wt. _____ B/P _____ Pulse _____ Urinalysis _____

Physical Examination:

Examination	Normal	Abnormal
Ears		
Eyes		
Nose		
Throat		
Lungs		
Heart		
Abdomen		
Hernia		
Skin		
Head		
Neck		
Shoulders		
Knees		
Spine		
Hips		
Elbows		
Hands		
Feet		
Ankles		

Physician's Statement

1. Approved for sports Yes _____ No _____

2. Approved pending further study. Explain: _____

3. Approved with limitations. Explain: _____

4. Disapproved comments: _____

Date _____

Signature _____

RESPONSIBILITY WAIVER AND ASSUMPTION OF RISK

As an athlete, student or staff member at Voorhees College, I agree that Voorhees College and / or the athletic department and their staff, coaches, trainers, or employees will not be held responsible for any accidents or loss of personal property, however caused, and agree to release the college from all claims or damage which may arise as a result of such accidents or loss.

It is further agreed that all risks attendant to watching and/or participating in any athletics at Voorhees College are assumed by the student athlete and his/her parents or guardian and that this assumption is acknowledged, approved by their signatures below.

Date _____

Print Name _____

Signature _____

If under the age of 18, parent or guardian's signature