

**PENSACOLA JUNIOR COLLEGE HEALTH HISTORY FORM
CHEER SQUAD**

Instructions: (Please read carefully): This form is to review your health history. If you need to further explain any condition, please use the explanation of answers portion of this form. Remember to list the question number with your explanation.

Name: _____ Date: _____

Birth Date: _____ Age: _____

Social Security #: _____

Parent/Guardian Name (s): _____

Local Address: _____

Home Address: _____

City/State/Zip: _____

Local Phone: _____

Home Phone: _____

Cell Phone: _____

1. Do you have any congenital or chronic condition or injury that requires ongoing or periodic medical supervision, medication or other forms of therapy (e.g. diabetes, hepatitis, epilepsy, asthma)? **If yes, please describe condition and care.** **YES NO**

2. Does any family member suffer from diabetes, epilepsy, asthma, hepatitis, stroke or heart disease? **If any, please explain?** **YES NO**

3. Are you presently taking any medication? If yes, please list and explain. **YES NO**

4. Any allergies to medicine: _____ **YES NO**

5. Have you experienced any of the following as result of exercising or have stopped exercising as a Result of same: chest pain, irregular heartbeat, shortness of breath, dizziness, fainting? **YES NO**

6. Does anyone in your family experience: chest pain irregular heartbeat, shortness of breath, Dizziness, fainting? **YES NO**

7. Any family history of sudden cardiac death? **If yes, explain?** **YES NO**

8. Have you sustained a head injury or any type/severity? **YES NO**
Any frequent headaches? **Explain.**

9. Please list and explain any musculo-skeletal injuries (e.g. sprain, strain, fracture, dislocation):

10. Have you received orthopedic surgery for any of the above bone or joint injuries? **If, yes please Explain.**

11. Have you recovered fully from any injury listed and returned to full participation? **YES NO**
 Are you now wearing any type of orthosis or brace. **If yes, please explain.** **YES NO**
12. Have you experienced any of the following: **If yes, explain?**
- | | |
|--|---------------|
| Unexplained weight loss or gain | YES NO |
| Abdominal pain/chronic diarrhea | YES NO |
| Wounds that do not heal | YES NO |
| Loss of paired organ | YES NO |
| Visual changes or injury to an eye | YES NO |
| Heat related problems (stroke, cramps, exhaustion) | YES NO |
13. Have you ever been hospitalized for any conditions? **If yes, explain?** **YES NO**
14. Have you ever had non-orthopedic surgery? **If yes, explain?** **YES NO**
15. Have you ever been treated for an eating disorder? **YES NO**
16. Have you ever been treated for any mental/emotional disorders? **YES NO**
17. Have you ever received professional care or counseling for a substance abuse Problem? **YES NO**
18. Have you missed any menstrual periods in the past 12 months?
If so, how many? _____ **YES NO**

Explanation of Answers: _____

I verify that all the above information is accurate and complete. Also, I understand that Pensacola Junior college is not responsible for expenses related to pre-existing conditions.

Signature _____ Date _____