Big Country FCA All-Star Participant Medical History

Please read carefully & completely answer all questions.

Name: DOB: Sport:

Have you ever sustained an injury or illness concerning any of the following organs? If yes, circle the letter to indicate which organ, extent of injury/illness, date, hospitalization (if any), time loss, and restrictions (if any).

Y		Y		Y		Y		Y		Y	
☐	Brain	☐	Nose	☐	Stomach	☐	Spleen	☐	Intestines	☐	Ovaries
☐	Eyes	☐	Heart	☐	Liver	☐	Bladder	☐	Kidneys	☐	Testicles
☐	Ears	☐	Lungs	☐	No injuries/illnesses to these organs						

Explain:

Have you ever had an electrocardiogram (ECG/EKG), echocardiogram or seen a cardiologist?

☐	No	☐	Yes	If yes, how many times? Date(s)?

Explain Yes Answer:

Have you ever been knocked out (unconscious), told you have a concussion or had amnesia (memory loss)?

☐	No	☐	Yes	If yes, how many times? Date(s)?

Explain Yes Answer:

Have you ever fractured (broken) any of these bones?

Y		Y		Y		Y		Y		Y	
☐	Thumb	☐	Forearm	☐	Patella	☐	Pelvis	☐	Heel	☐	Ribs
☐	Fingers	☐	Humerus	☐	Lower leg	☐	Femur	☐	Foot	☐	Nose
☐	Wrist	☐	Clavicle	☐	Ankle			☐	Toes	☐	Facial

☐ No injuries to these bones

Explain Yes Answers:

Have you ever sprained, dislocated or subluxated any of these joints?

Y		Y		Y		Y		Y		
☐	Thumb	☐	Wrist	☐	Shoulder	☐	Knee	☐	Ankle	☐	No joint injuries
☐	Fingers	☐	Elbow	☐	Hip	☐	Patella	☐	Toes		

Explain Yes Answers:

Have you ever had a neck injury, including sprain, strain, burner, stinger, pinched nerve, etc.?

☐ No ☐ Yes If yes, how many times? Date(s)?

Explain Yes Answer:

Have you ever had a back/spine injury, including sprain, strain, herniated disk, pinched nerve, etc.?

☐ No ☐ Yes ☐ If yes, how many times? Date(s)?

Explain Yes Answer:

Have you ever worn a special brace or had modifications made to your equipment?

☐ No ☐ Yes ☐ If yes, how many times? Date(s)?

Explain Yes Answer:

Have you ever had loss of consciousness **not** associated with a head injury?

☐ No ☐ Yes ☐ If yes, how many times? Date(s)?

Explain Yes Answer:

While exercising, has your heart ever skipped a beat or "raced?" Have you ever had severe chest pain or lightheadedness?

☐ No ☐ Yes ☐ If yes, how many times? Date(s)?

Explain Yes Answer:

Have you had or **have you been advised to have** any operations (surgery)? If yes, describe and give age when occurred.

☐ No ☐ Yes ☐ If yes, how many times? Date(s)?

Explain Yes Answer:

Have you had or been told you had a stress fracture?

☐ No ☐ Yes ☐ If yes, how many times? Date(s)?

Explain Yes Answer:

Have you ever had a heat illness (heat stroke, heat exhaustion, severe cramps)?

☐ No ☐ Yes ☐ If yes, how many times? Date(s)?

Explain Yes Answer:

Have you ever been an overnight hospital patient?			
☐ No	☐ Yes		If yes, how many times? Date(s)?
Explain Yes Answer:			

Have you ever been told or advised you should not compete in a sport because of a medical reason?			
☐ No	☐ Yes		If yes, how many times? Date(s)?
Explain Yes Answer:			

Have you ever had any of these conditions?											
Y		**Y**		**Y**		**Y**		**Y**		**Y**		
☐	COVID-19	☐	Epilepsy	☐	Diabetes	☐	Asthma	☐	Anxiety	☐	Depression	
☐	Mono	☐	Seizures	☐	Cancer	☐	Sickle Cell	☐	Addiction	☐	Heart Murmur	
☐	Never had these conditions							☐	Fainting	☐	Myocarditis	
Explain Yes Answers:												

Have you had any injury, illness or medical condition not already listed?			
☐ No	☐ Yes		If yes, describe:
Explain Yes Answer:			

Please list any significant allergies:

Please list any daily medications:

I certify that the medical history information I have provided is complete and accurate to the best of my knowledge. I understand the information given may be relied on to determine my fitness and ability to participate in FCA All-Star activities. I understand that failure to advise FCA of any medical information could cause harm & may result in a waiver of any claims I might have against FCA for my voluntary participation in FCA All-Star activities.

Athlete's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____