INTERIM MEDICAL HISTORY

Have you had any serious illness, disease, injury, operation, mental illness, infection, accident, or any other significant medical condition during the past year (12 months)? If yes, please explain: back injury	(YES)	NO
Did this medical condition or any other medical condition require surgery? If yes, please explain:	YES	(NO)
Have you been hospitalized or examined by a physician other than the team physician for any type of medical condition during the past year (12 months)? If yes, for what reason? Major depressive disorder	(YES)	NO
Have you been out of the United States within the last three (3) months? If yes, give an explanation: home	(YES)	NO
Have you had a concussion during the past year (12 months) that was not evaluated by our team physician? If yes, give an explanation, including dates and location.	YES	(NO)
Have you had any immediate relative die suddenly in the past year (12 months)? If so, what was the cause of death?	YES	(NO)
During the past year (12 months) have you had dizziness, fainting, chest pain, racing or skipped heartbeat? If yes, please give a brief explanation.	YES	(NO)
Have you had any skin problems in the past year? If yes, please explain and include medications:	YES	(NO)
Do you have corrective lenses? If yes, when was your last eye exam? 3 months	(YES)	NO
Do you wear any protective devices (special pads, braces, neck rolls, eye guards) during practice/competition? If yes, please explain:	YES	(NO)
Have you had significant weight loss or weight gain in the past year (12 months)? If yes, please explain:	YES	(NO)

Complete the chart below and give details to the right if you have sustained injuries during the last twelve (12) months

HEAD	YES	(NO)			
NECK	YES	(NO)	R	L	
SHOULDER	YES	(NO)	R	L	
ARM	YES	(NO)	R	L	
ELBOW	YES	(NO)	R	L	
FOREARM	YES	(NO)	R	L	
WRIST	YES	(NO)	R	L	
HAND	YES	(NO)	R	L	
FINGERS	YES	(NO)	R	L	
CHEST	YES	(NO)	R	L	
SPINE	(YES)	NO	R	L	spondylolithesis, herniated disc, stress reaction
ABDOMEN	YES	(NO)			
PELVIS	YES	(NO)	R	L	
HIP	YES	(NO)	R	L	
THIGH	YES	(NO)	R	L	
KNEE	YES	NO	(R)	L	tendenitis; fine now, just trouble with running
LEG	YES	(NO)	R	L	
ANKLE	(YES)	NO	(R)	L	sprained it; fine now
FOOT	YES	(NO)	R	L	
TOES	YES	(NO)	R	L	

If you have any additional conditions, problems, or comments that have not been addressed thoroughly in the above questionnaire, please use the space below to inform us so that we may be able to better serve you with our medical care:

asthma

All statements and answers in the above medical history questionnaire are true and complete to the best of my knowledge. I have no abnormality, limitation or restriction not mentioned in this record. I understand that this information is to help determine my fitness to participate in athletics, and to aid in the treatment and diagnosis of future injuries/illnesses that I may incur.

DATE 08/18/10 PRINTED NAME OF ATHLETE Sasha Mera Lacey

SIGNATURE OF ATHLETE [signature]