



US Youth Soccer Olympic Development Program
Proud Member of the U.S. Soccer Federation, Inc.

BODP Medical History Questionnaire

NAME: LAST FIRST MIDDLE
 ADDRESS: STREET CITY STATE ZIP
 DATE OF BIRTH SEX: M / F EMERGENCY CONTACT PHONE () -

PLEASE CIRCLE "YES" OR "NO" AND PROVIDE ADDITIONAL DETAILS WHERE REQUESTED ON BOTH SIDES OF THIS FORM. ALL INFORMATION WILL BE CONFIDENTIAL.

- | | | | |
|---|--|----|-----|
| 1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?
(List) | | NO | YES |
| 2. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, birth control Pills, anti-inflammatories, antibiotics, etc.)? (List & give reason) | | NO | YES |
| 3. Have you ever had an epileptic seizure? | | NO | YES |
| 4. Have you ever been told by a doctor that you have epilepsy? (List medication) | | NO | YES |
| 5. Have you ever been treated for diabetes? | | NO | YES |
| 6. Have you ever been told by a doctor that you were anemic? When? | | NO | YES |
| 7. Have you ever been told by a doctor that you have sickle cell anemia? | | NO | YES |
| 8. Have you ever been told by a doctor that you have sickle cell trait? | | NO | YES |
| 9. Do you have or have you ever had high blood pressure? (List medication) | | NO | YES |
| 10. Do you have or have you ever had the following diseases? | | | |
| - Heart disease (heart murmur, rheumatic fever) Give date | | NO | YES |
| - Lung disease (pneumonia) Give date | | NO | YES |
| - Kidney disease (infections) Give date | | NO | YES |
| - Liver disease (mononucleosis, hepatitis) Give date | | NO | YES |
| 11. Do you or have you ever been told by a doctor that you have asthma? (List medications) | | NO | YES |
| 12. Do you or have you ever had a hernia or "rupture"? NO YES Has it been repaired? | | NO | YES |
| 13. Have you been "knocked out" (unconscious) in the past 3 years? (List dates) | | NO | YES |
| 14. Have you had a concussion or other head injury in the past 3 years? (List dates) | | NO | YES |
| 15. Have you stayed overnight in a hospital due to a head injury? (List dates) | | NO | YES |
| 16. Have you ever had a neck injury involving bones, nerves or discs that disabled you for – a week or longer? Type of injury Dates | | NO | YES |
| 17. Do you wear glasses or contacts during competition? NO YES | | | |
| 18. Do you wear any of the following dental appliances: (circle those which apply)
PERMANENT BRIDGE, BRACES, REMOVABLE RETAINER, PERMANENT RETAINER, REMOVABLE PARTIAL PLATE, FULL PLATE, PERMANENT CROWN OR JACKET? | | | |
| 19. Have you had a broken bone or fracture in the past 2 years? R or L What bone? Dates | | NO | YES |
| 20. Have you had a shoulder injury in the past 2 years that disabled you for a week or longer (Dislocation, separation, etc.) R or L Type of injury Dates | | NO | YES |
| 21. Have you ever had shoulder surgery?
R or L What was done & why? Date | | NO | YES |
| 22. Have you ever injured your back? Type of injury Date | | NO | YES |
| 23. Do you have back pain? (Circle those, which apply)
SELDOM, OCCASIONALLY, FREQUENTLY, WITH VIGOROUS EXERCISE, WITH HEAVY LIFTING | | NO | YES |
| 24. Have you injured your knee in the past 2 years? R or L What was done & why? Date | | NO | YES |
| 25. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? R or L Date | | NO | YES |
| 26. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? R or L Date | | NO | YES |
| 27. Have you ever had knee surgery? R or L What was done & why? Date | | NO | YES |
| 28. Have you had severe ankle sprain in the past 2 years? | | NO | YES |
| 29. Do you have a pin, screw, or plate in your body? Where in your body? Date | | NO | YES |
| 30. Do you have any other conditions that we should be aware of (i.e. ulcers, pregnancy, food or insect Allergies, tendonitis, etc.)? (Specify & give details) | | NO | YES |

31. Please give the date of your last immunization for: tetanus polio mumps rubella measles

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Guardian Date

Signature of Player Date