

Club Sports

Student Recreation and Wellness Center
University of Akron

Health History



Please Print

Name:	Date:
Club Name:	

Club Sports involve participation in activities which are, by nature, physically demanding, and often times take place away from the University of Akron without the opportunity for immediate medical attention. As a participant of a Club Sport we require full disclosure of your current health. The information you provide is essential, as it may assist with your care in the event of an accident. Full and accurate completion of all sections is very important. The provided information will be kept confidential between the trip leader(s), and health care professionals in the event of an accident. This form is not used to evaluate your ability to participate in any activities. Only qualified health care professionals can make that decision.

Gender: M F	Age:	Height:	Weight: lbs
Address:		Phone	
		Cell:	
		Work:	
		Other:	

Emergency Contact Information

Name:	Relationship:
Address:	Phone
	Cell:
	Work:
	Other:
Family Physician:	Phone:

Medical Insurance Information

Medical/Health Insurance is strongly encouraged before participating in any Club Sport activity. The University of Akron, Recreation and Wellness Services, and Club Sport Program do not provide sickness, health, or accident insurance. The University of Akron reserves the right to require insurance at a later date.

Insurance Provider:	Policy/Group #:
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Do you have any physical disabilities or conditions that might limit your participation? Yes No

If yes please describe. _____

Are you currently under treatment for any illness or medical condition? Yes No

If yes please describe. _____

Do you regularly take or need to carry medications? Yes No

If yes please list and describe. _____

Do you have any allergies? Yes No If yes please list and describe. _____

Are you allergic to bee or insect stings? Yes No If yes please describe your allergic reaction. _____

If you require medications for allergic reactions please bring two doses with you and alert your instructor(s).

Have you had a cold injury? Yes No Have you had a heat injury (i.e. exhaustion)? Yes No

If yes please describe. _____

Do you have a history of heart problems? Yes No If yes, please explain. _____

Have you every undergone surgery within the past year? Yes No . Do you have any open wounds? Yes No

If yes, please explain. _____

Do you have any dietary restrictions (gluten, dairy, vegetarian, etc.)? Yes No Please list. _____

Do you smoke? Yes No Do you wear glasses/contacts? Yes No Do you have dentures/false teeth? Yes No

Can you swim? Yes No Are you First Aid/CPR certified? Yes No exp. _____