

TO BE COMPLETED BY STUDENT ATHLETE

Within the last year have you: (Check One)

Sport(s) _____

YES NO

- 1. Had an injury of a muscle, bone, joint, ligament or tendon? If yes, was medical attention required? Yes/No
- 2. Been "knocked" unconscious? If yes, how many times? _____
- 3. Fainted? If yes, how many times? _____
- 4. Had an illness lasting more than one week? _____
- 5. Had a surgical operation? _____
- 6. Been hospitalized?
- 7. Had a Tetanus shot? If yes, give date _____
- 8. Had any dental injuries or problems?
- 9. Had any ear injuries or problems?
- 10. Had any eye injuries or problems?

Females Only

- 11. Had any significant changes in menstruation? _____

Are you currently:

- 12. Under a physician's care other than a Cal State L.A. Student Health Center physician?
- 13. Taking any medications? If yes, name of medications _____
- 14. Aware of medical problem that would prohibit you from participating in all sports?

When did you last participate in intercollegiate sports and where? _____

Please further explain any "Yes" answers to the above questions _____

Athlete's signature _____ **Date** _____

TO BE COMPLETED BY THE ATHLETIC TRAINER

- To my knowledge this athlete has not had a significant medical problem during eligibility at Cal State L.A. that would prohibit further participation.
- Medical evaluation is recommended regarding _____
- Medical examination is recommended regarding _____

Comments: _____

Certified Athletic Trainer's Signature _____ **Date** _____

COMMON/FORMS/MED-REC/ATHCL-RETATH



California State University, Los Angeles
STUDENT HEALTH CENTER

ATHLETIC CLEARANCE – RETURNING ATHLETE

Last Name _____
First _____
CIN _____