2015 Royals Volleyball Camps
Pre-Participation Medical Form
Queens University of Charlotte

This form must be completed for every camp participant and signed with a Parent & Camper signature.

Participant Full Name _____Date of Birth _____ Grade_____
Royals Volleyball Camp Session(s) Attending _____
Family Physician _____Phone #: _____
In case of an emergency, contact: Name _____ Relationship _____
Phone (Cell) _____ (Home) _____ (Work)_____

Explain "Yes" answers below. DK stands for do not know.	YES	NO	DK
1. Have you ever had a medical illness or injury since your last check up or sports physical?	☐	☐	☐
2. Have you ever been hospitalized overnight?	☐	☐	☐
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	☐	☐	☐
4. Do you have any food allergies (for example, to pollen, medicine, food or stinging insects)?	☐	☐	☐
5. Have you ever passed out during or after exercise?	☐	☐	☐
a. Have you ever been dizzy during or after exercise?	☐	☐	☐
b. Have you ever had chest pain during or after exercise?	☐	☐	☐
c. Do you get tired more quickly than your friends do during exercise?	☐	☐	☐
d. Have you ever had a racing of your heart or skipped heart beats?	☐	☐	☐
e. Have you had high blood pressure or high cholesterol?	☐	☐	☐
f. Have you ever been told you have a heart murmur?	☐	☐	☐
g. Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐	☐
h. Have you had a severe viral infection (for ex myocarditis or mononucleosis) within the last month?	☐	☐	☐
i. Has a physician over denied or restricted your participation in sports for heart problems?	☐	☐	☐
6. Do you have any current skin problems (for ex itching, rashes, acne, warts, fungus or blisters)	☐	☐	☐
7. Have you ever had a head injury or concussion?	☐	☐	☐
a. Have you ever been knocked out, become unconscious or lost memory?	☐	☐	☐
b. Have you ever had a seizure?	☐	☐	☐
c. Do you have frequent or severe headaches?	☐	☐	☐
d. Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐	☐
e. Have you ever had a stinger, burner or pinched nerve?	☐	☐	☐
f. Have you ever become ill from exercising in the heat?	☐	☐	☐
9. Do you cough, wheeze or have trouble breathing during or after activity?	☐	☐	☐
a. Do you have asthma?	☐	☐	☐
b. Do you have seasonal allergies that require medical treatment?	☐	☐	☐
10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example knee braces, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐	☐
11. Have you had any problems with your eyes or vision?	☐	☐	☐
12. Have you ever had a sprain, strain or swelling after injury?	☐	☐	☐
a. Have you had any other problems with pain or swelling in the muscles, tendons, bones or joints?	☐	☐	☐

If yes, check appropriate box and explain below:

Head	☐	Neck	☐	Back	☐	Chest	☐	Shoulder	☐	Upper Arm	☐
Elbow	☐	Forearm	☐	Wrist	☐	Hand	☐	Finger	☐		
Hip	☐	Thigh	☐	Knee	☐	Shin/calf	☐	Ankle	☐	Foot	☐

Explain "Yes" answers here:

_____
_____
_____
_____

Current Health Insurance Information (All campers are required to have their own medical coverage)

Company: _____Policy # _____ Policy Holder_____

Send claim to: _____Address: _____ Phone #: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
Signature of camper _____ Date _____
Signature of parent/guardian _____ Date _____