2nd Year Medical Questionnaire

Name: ________________________________   Date _________________________

School Year _________________   Sport __________________________________

1. When was your last physical screening done by a San Diego City College Team Physician? ______________________________________________________________

2. Are you presently under the care of another physician for any condition, illness, or injury?
   No ______   Yes ______  If yes, who is your doctor and what are you being seen for? _________________________________________________________________

3. Have you had any surgery since your last physical screening?
   No ______   Yes ______  If yes, what was your surgery for? _________________________________________________________________

4. Have you been injured since your season ended or during this summer?
   No ______   Yes ______  If yes, what was your injury and do you need to see an athletic trainer? _________________________________________________________________

5. Do you feel the need to see a SDCC Team Physician?
   No ______   Yes ______  If yes, what condition is bothering you? _________________________________________________________________

______________________________________
Student Signature