

RHODES COLLEGE ATHLETICS TRAVEL FORM

Name _____ SSN# _____

Date of Birth _____ Sport(s) _____

Student Athlete Mobile Phone # _____

Home Address _____

Emergency Contact Name _____ Mobile Phone # _____

Medicines _____

Allergies _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Had a concussion, brain bleed and/or head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Had a heat related illness (heat cramps, heat exhaustion, and/or heat stroke) and/or missed time / received special attention (IV fluids, etc.) for a heat related problem?
# _____	2. What is the total number of diagnosed concussions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever felt dizzy, passed out, or "blacked out" during or after exercise
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Been unconscious for any other reason other than anesthesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Had an unfavorable / allergic reaction to a drug, antibiotic, and/or medicine?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Had a neck injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Have you ever had a seizure?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Have you been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Had an operation or had loss of an organ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has anyone in your family died for no apparent reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you ever had a herpes or MRSA skin infection?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Do you wear contact lenses, glasses, and/or safety glasses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Family history of diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Been recently diagnosed with infectious mononucleosis ("mono"), hepatitis B or C, HIV/AIDS, and/or any other severe infectious disease / viral infection?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. While exercising, has your heart ever "skipped" a beat, have you suffered from a "racing heart", severe chest pain, lightheadedness, or fainted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Do you take vitamins, amino acids, creatine, and/or any other dietary supplement on a daily basis and/or as needed?

Paste below Front of Primary Insurance Card

Paste below back of Primary Insurance Card

Secondary Insurance Information:
 Rhodes College (Self-Pay Insurance Company)
 Attn.: Andrew Gibson
 Head Athletic Trainer
 2000 North Parkway
 Memphis, TN 38112
 901-843-3465
 gibsona@rhodes.edu