

University of California, Santa Cruz
Office of Physical Education, Recreation and Sports
Sports Club Program

SPORTS CLUB ATHLETE MEDICAL UPDATE FORM AND MEDICAL HISTORY

Please print

NAME _____ M ___ F ___ AGE _____
Last first mi

Local Address _____

Student ID #: _____

Email _____ SPORT _____

This is a screening to determine if you are fit to participate in a Sports Club activity. If you have a condition that restricts you from participating or is of concern you may be instructed to receive a physical from a licensed physician in order to determine your ability to participate. Upon your request, this can be strictly confidential

1. Please list illnesses and injuries requiring medical attention during the past 12 months.

2. Do you have any injuries right now? If so please explain.

3. Are you currently under a physician's care: If so, for what condition.

4. Please indicate all medications currently being taken.

5, How are you feeling today: _____

Signature _____ DATE _____

Sports Club Office 831-459-4220
info@ucscsportsclubs.com