

Coe College
Demographics and Insurance Information Request

As a student- athlete at Coe College, it is the responsibility of the athlete and/or his/her parents to maintain private health insurance in order to be eligible to participate. Please provide all of the appropriate information below.

ADDRESS

Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Other Phone(s): _____
School Address: _____ Box: _____
School Phone: _____ Other Phone Access: _____

EMERG.

Emergency Contact: _____ Relation: _____
Home Phone: _____ Work Phone: _____ Other: _____

MED ALERTS

Medical Alerts or Allergies (please list): _____

Family Physician: _____ Physician Phone #: _____
Medications Taking: _____ Amount: _____ Prescription Date: _____
Prescribing Physician: _____ Reason: _____

MEDICAL HISTORY

This section is to be completed annually by the athlete and his/her parent before participation at Coe College, in order to detect any possible risks.

Circle Correct Response

- | | | | |
|----|--|-----|----|
| 1. | Were you hospitalized in the last 12 months? | Yes | No |
| 2. | Have you had any bone/joint surgeries of any kind? | Yes | No |
| 3. | Are you wearing any special eyewear? (Contacts, glasses, etc) | Yes | No |
| 4. | Do you have any medical problems requiring continued treatment or rehab? | Yes | No |
| 5. | Any other injuries that have occurred within the last 12 months? | Yes | No |
| 6. | Have you had any recent fainting or dizziness while exercising? | Yes | No |
| 7. | Have you ever had any head injuries or loss of consciousness? | Yes | No |
| 8. | Have you had any other sport related injuries not previously indicated? | Yes | No |

Explain any "YES" answers below.

Return By August 1 To: Coe College, 1220 1st Ave N.E., EBY Field house, c/o Shaun McCarthy,
Cedar Rapids, IA 52402
Fax- 319-399-8721