



PALATINE PERFORMANCE CENTER

**PALATINE PERFORMANCE CENTER  
Athlete Medical Intake Form**

PERSONAL INFORMATION			
Athlete Full Name		Date of Birth	
Emergency Contact Name		Cell Phone	

HAVE YOU HAD OR DO YOU HAVE NOW...?		
Yes	No	Comments (Give details, body location of injuries and dates)
		Environmental Allergies
		Food Allergies
		Surgery
		Concussion
		Cardiovascular Disease

MUSCLE/JOINT INJURIES IN PAST 30 DAYS		
Yes	No	Comments (Give details, body location of injuries and dates)
		Muscle Injury
		Sprain
		Joint Injury
		Fracture
		Dislocation

OTHER INFORMATION
Please list any other current injuries, illnesses, pain or relevant health history;

ACKNOWLEDGEMENT	
I hereby acknowledge that this form has been filled out to the best of my knowledge	
Athlete Name	
Athlete Signature	
Parent/Guardian Name (If under the age of 18)	
Parent/Guardian Signature (If under the age of 18)	