

Rutgers University

Exit Medical Questionnaire

The purpose of this form is to evaluate any medical problems that might need to be addressed after you complete your eligibility. We are interested in any injury or significant illness that occurred over the past two years, especially those that are not resolved. Please explain all yes answers in detail below or as needed on the back of this form.

PLEASE PRINT

Name: _____ Sport _____

Street _____ City _____ St. _____ Zip _____

SS#: _____ - _____ - _____ RU I.D. # _____ Date of Birth: _____ - _____ - _____ Gender: M F

Phone # _____ E-mail _____

1. Do you have any athletically related injuries that are continually bothering you in your daily life functions or athletic activities? YES NO

2. Do you have any illness that requires chronic medication or the care of a physician? YES NO
If you require assistance in transferring your care or need further medication refills, please note below and set up an appointment.

3. Are you anticipating any treatment (physical therapy, medication, surgery) or diagnostic work-up, physician appointments, tests such as MRI, X-ray) in the next two years for your problem? YES NO

4. Do you have any questions pertaining to your medical health, or would you like an evaluation by a physician prior to departing from athletics? YES NO

Athletic related injuries are covered by Rutgers University for a period of two years from the date of the injury, within the limits of our insurance policy. Failure to document an athletic related injury and be evaluated by the Rutgers Sports medicine staff will forfeit this coverage and leave you personally liable for medical costs. I hereby state that to the best of my knowledge, my answers to the above questions are correct.

Athlete's Signature

____ - ____ - ____
Date

For internal use only:
Exit Physical required: Yes _____ No _____ Reviewed by: _____ (Initials) Date __ / __ / __