



YES NO 7. Have you ever taken medication to regulate your BP? Medication \_\_\_\_\_ Date \_\_\_\_\_

YES NO 8. Have you had a family member under 40 die suddenly from a cardiac condition? Relation \_\_\_\_\_

YES NO 9. Have you ever had any of the following during exercise? (circle all that apply)  
Dizziness Lightheaded Passed out  
Chest pain Irregular heartbeat Palpitations  
Explain \_\_\_\_\_

YES NO 10. Have you ever experienced a seizure or been informed that you might have epilepsy? Date \_\_\_\_\_

YES NO 11. If the answer to question 10 is yes, are your seizures controlled by medication?  
Medication \_\_\_\_\_

YES NO 12. Have you had hepatitis during the past five years? Give date \_\_\_\_\_

YES NO 13. Have you ever been informed you have or been treated for diabetes?

YES NO 14. If the answer to question 13 is yes, how is it regulated? Injections \_\_\_\_\_ times/day \_\_\_\_\_  
Exercise \_\_\_\_\_ Diet \_\_\_\_\_

YES NO 15. Have you ever been informed that you have an anemia? Date \_\_\_\_\_

YES NO 16. Have you had any illness requiring bed rest of one week or longer during the past year?  
Nature of the illness \_\_\_\_\_

YES NO 17. Have you had a tetanus shot in the last five years? Date \_\_\_\_\_

### **HEAD AND NECK**

YES NO 18. Have you ever experienced a concussion? Total number \_\_\_\_\_  
How many concussions in the last five years? \_\_\_\_\_ Date(s) \_\_\_\_\_

YES NO 19. Have you ever been knocked unconscious? How many times? \_\_\_\_\_  
Date(s) \_\_\_\_\_

YES NO 20. If the answer to 18 or 19 is yes, did a physician have you stay overnight in the hospital?  
Details \_\_\_\_\_

YES NO 21. Have you ever experienced seizures after a head injury? Date \_\_\_\_\_  
Details \_\_\_\_\_

YES NO 22. Have you ever had any of the following?  
Strained neck \_\_\_\_\_ Date \_\_\_\_\_ Fractured neck \_\_\_\_\_ Date \_\_\_\_\_  
Sprained neck \_\_\_\_\_ Date \_\_\_\_\_ Pinched nerve \_\_\_\_\_ Date \_\_\_\_\_  
Whiplash \_\_\_\_\_ Date \_\_\_\_\_ Severe headaches \_\_\_\_\_ Date \_\_\_\_\_  
Other \_\_\_\_\_ Date \_\_\_\_\_

### **EYES AND DENTAL**

YES NO 23. Do you have vision in both eyes? If no, give details \_\_\_\_\_  
\_\_\_\_\_

YES NO 24. Do you wear glasses? Regular \_\_\_\_\_ Safety lens or frames \_\_\_\_\_

YES NO 25. Do you wear contact lenses? Hard \_\_\_\_\_ Soft \_\_\_\_\_

YES NO 26. If the answer to question 24 or 25 is yes, do you wear them during athletic competition? Specify what you wear during competition \_\_\_\_\_

YES NO 27. Do you wear any of the following dental appliances? (circle all that apply)  
 Permanent bridge Permanent crown or jacket Removable partial  
 Full plate Braces Other \_\_\_\_\_  
 Explain \_\_\_\_\_

YES NO 28. Do you have any dead teeth? \_\_\_\_\_

**BONES AND JOINTS**

Please indicate LEFT (L) or RIGHT (R) for any injuries you received in the **PAST FIVE YEARS.**

YES NO 29. Have you had a fracture during the past five years? If yes, where:  
 Site \_\_\_\_\_ Date \_\_\_\_\_  
 Site \_\_\_\_\_ Date \_\_\_\_\_  
 Site \_\_\_\_\_ Date \_\_\_\_\_

YES NO 30. Do you currently have any incompletely healed injuries? If so give details \_\_\_\_\_  
 \_\_\_\_\_

YES NO 31. Do you have a pin, screw or plate somewhere in your body as a result of bone or joint surgery?  
 Date of surgery \_\_\_\_\_ Site \_\_\_\_\_

**A. SHOULDER:**

YES NO 32. Have you had a shoulder or throwing arm injury during the past five years that incapacitated you?  
 Dislocation R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Partial or subluxation R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Rotator cuff strain R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Muscular strain R \_\_\_\_\_ L \_\_\_\_\_ site \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Biceps tendonitis R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Bursitis R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Separation R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Other R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_

YES NO 33. Have you ever been advised to have surgery to correct a shoulder condition? Details \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

YES NO 34. If the answer to 33 is yes, has the surgery been completed? Details \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

**B. ELBOW- WRIST- HAND:**

YES NO 35. Have you experienced an elbow injury in the past five years that incapacitated you?  
 Severe sprain/strain R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Hyperextension R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Dislocation R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Fracture R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Tennis elbow R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Other R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_

YES NO 36. Have you had surgery on the elbow in the past five years? If yes, give details \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

YES NO 37. Have you experienced a wrist injury in the past five years that incapacitated you?  
 Severe sprain/strain R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Scaphoid/Colle's fracture R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Lunate dislocation R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Ganglion cyst R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Fractured/Dislocated fingers R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_

YES NO 38. Have you had surgery on the wrist or hand in the past five years? If yes, give details \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

**C. BACK:**

YES NO 39. Have you ever had an injury to your back?  
Muscular strain \_\_\_\_\_ Date(s) \_\_\_\_\_  
Lumbar/sacral sprain \_\_\_\_\_ Date(s) \_\_\_\_\_  
Sacroiliac sprain R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
Sciatic nerve involvement R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
Disc injury \_\_\_\_\_ Date(s) \_\_\_\_\_  
Kidney injury R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
Spondylolysis/Spondylolisthesis \_\_\_\_\_ Date(s) \_\_\_\_\_

YES NO 40. If the answer to question 39 is yes, did you seek the advice or care of a medical doctor?

YES NO 41. Have you had any surgery performed on your back?

YES NO 42. Have you ever been told that you have scoliosis?

YES NO 43. If so, is it structural or functional? What was recommended? \_\_\_\_\_

YES NO 44. Have you ever been told that you have lordosis or kyphosis?

YES NO 45. Do you experience back pain? If yes, from what condition \_\_\_\_\_  
Very seldom \_\_\_\_\_  
Occasionally \_\_\_\_\_  
Frequently \_\_\_\_\_  
Only during or after exercise \_\_\_\_\_

**D. KNEE:**

YES NO 46. Have you experienced a sprain during the past five years to either knee with severe swelling accompanying the injury? R \_\_\_\_\_ L \_\_\_\_\_

YES NO 47. Have you ever been told that you injured ligaments in either knee?  
MCL R \_\_\_\_\_ L \_\_\_\_\_ ACL R \_\_\_\_\_ L \_\_\_\_\_ Date \_\_\_\_\_  
LCL R \_\_\_\_\_ L \_\_\_\_\_ PCL R \_\_\_\_\_ L \_\_\_\_\_ Date \_\_\_\_\_

YES NO 48. Have you ever been told that you injured cartilage/meniscus in either knee?  
Medial R \_\_\_\_\_ L \_\_\_\_\_ Date \_\_\_\_\_  
Lateral R \_\_\_\_\_ L \_\_\_\_\_ Date \_\_\_\_\_

YES NO 49. Have you ever experienced pain or a grating sensation behind your kneecap? Date \_\_\_\_\_

YES NO 50. Have you ever been advised to have surgery on a knee to correct any knee condition? Date \_\_\_\_\_  
Details \_\_\_\_\_

YES NO 51. If the answer to question 50 is yes, has the surgery been completed? Date \_\_\_\_\_  
Details \_\_\_\_\_

YES NO 52. Have you ever been told that you have Osgood-Schlatter's disease? Date \_\_\_\_\_

**E. ANKLE:**

YES NO 53. Have you ever experienced an ankle injury during the past five years that incapacitated you?  
Sprain (outside) R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
Sprain (inside) R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
Torn ligaments R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
Dislocation R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
Fracture R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_  
Other R \_\_\_\_\_ L \_\_\_\_\_ Date(s) \_\_\_\_\_

YES NO 54. Have you had surgery on the ankle in the past five years? If yes, give details \_\_\_\_\_  
Date \_\_\_\_\_

**INTERNAL**

- YES NO 55. Have you ever been treated for kidney stones?
- YES NO 56. Are you missing a paired organ (kidney, eye, testicle, etc.) Organ \_\_\_\_\_
- YES NO 57. Have you ever been told that you have a hernia? If yes, give details \_\_\_\_\_  
Date \_\_\_\_\_
- YES NO 58. If the answer to question 57 is yes, has the surgery been performed to correct the problem? Date \_\_\_\_\_
- YES NO 59. Have you had your appendix removed? Date \_\_\_\_\_
- YES NO 60. Have you had any additional operations in the past five years? Date \_\_\_\_\_  
Details \_\_\_\_\_
- YES NO 61. Are you currently on prescribed medication or drugs on a permanent or semi-permanent basis? If so, indicate the name of the medication and why prescribed. Name \_\_\_\_\_  
Why prescribed \_\_\_\_\_
- YES NO 62. Are you allergic to any medication? If yes, give details. Name of medication \_\_\_\_\_  
Reaction \_\_\_\_\_
- YES NO 63. Are you allergic to insect bites? If yes, specify insect \_\_\_\_\_  
Reaction to your last insect bite \_\_\_\_\_
- YES NO 64. Do you have hearing in both ears? If no, give details \_\_\_\_\_  
\_\_\_\_\_
- YES NO 65. Do you suffer from menstrual cramps? If yes, what eases the discomfort? \_\_\_\_\_  
\_\_\_\_\_
- YES NO 66. Have you ever been treated for toxic shock syndrome?
- YES NO 67. Has your weight fluctuated 20 pounds or more in the past year? If so, give details \_\_\_\_\_  
\_\_\_\_\_
- YES NO **Other relevant information?** Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL OF THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THIS FORM, ANNUAL PROOF OF CURRENT INSURANCE, AND CLEARANCE ARE PRE-REQUISITES FOR TRYOUTS, PRACTICE, AND COMPETITION. I UNDERSTAND EACH ATHLETE IS RESPONSIBLE TO MAINTAIN THEIR OWN INSURANCE COVERAGE AND UPDATE THE ATHLETIC TRAINING STAFF WITH ANY CHANGES TO THAT COVERAGE THROUGHOUT THE YEAR. FAILURE TO DO SO MAY REQUIRE REMOVAL FROM SPORT. **A COPY OF YOUR CURRENT INSURANCE SHOULD ACCOMPANY THIS FORM.**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent if Athlete under 18

\_\_\_\_\_  
Date