HEALTH HISTORY FORM

(To be completed by athlete and reviewed by examining and/or team physician).

Please answer all questions by circling yes or no. Explain any "yes" answers to the below questions in the space provided at the bottom of the page.

DISEASE AND ILLNESS

1.	Have you ever experienced an epileptic seizure or been informed that you have epilepsy?	YES	NO
2.	Have you had hepatitis during the past three years?	YES	NO
3.	Have you been treated for infectious mononucleosis, virus pneumonia or any other infectious disease during the past twelve months?	YES	NO
4.	Have you ever been treated for diabetes?	YES	NO
5.	Have you ever been treated or informed by a medical doctor that you have had rheumatic fever?	YES	NO
6.	Have you ever been treated or informed by a medical doctor that you have had scarlet fever?	YES	NO
7.	Have you ever been told that you have a heart murmur?	YES	NO

HEAD AND NECK INJURIES

8.	Have you ever been "knocked out" or experienced a concussion during the past three years? If so, give dates.	YES	NO
9.	If answer to question 8 is YES, have you been "knocked out" more than once? Give dates.	YES	NO
10.	If answer to questions 9 or 10 is YES, did the attending physician have you stay overnight in a hospital? If yes, give dates and details.	YES	NO
11.	Have you ever had a jammed neck, pinched nerve, whiplash or severe headaches? If so, give dates and details.	YES	NO
12.	Do you wear eyeglasses?	YES	NO
13.	Do you wear contact lenses?	YES	NO
14.	If answer to question 12 or 13 is YES, do you wear them during athletics?	YES	NO

BONES AND JOINTS

15.	Have you ever had a fracture? If so, indicate anatomical site of fracture and date.	YES	NO
16.	Have you had a shoulder injury that incapacitated you?	YES	NO
17.	Have you experienced a severe sprain, dislocation or fracture of either elbow? If so, give date.	YES	NO
18.	Have you ever had an injury to your back?	YES	NO
19.	Have you ever experienced a strain of either knee with severe swelling accompanying the knee?	YES	NO
20.	Have you ever been told that you injured the ligaments in either knee joint?	YES	NO
21.	Have you ever been told that you injured the cartilage of either knee joint?	YES	NO
22.	Have you ever experienced a severe sprain of either ankle?	YES	NO
23.	Do you have a pin, screw, or plate somewhere in your body as a result of bone or joint injury? If so, indicate the anatomical site and give date of injury.	YES	NO

GENERAL MEDICAL DATA

24.	Have you had any operations? If so, indicate anatomical site of operation and give date.	YES	NO
25.	Have you had any additional illness or injuries (not mentioned above)? If so, indicate specific illness or operation.	YES	NO
26.	Have you ever been advised by a medical doctor not to participate in sports? For what reason?	YES	NO
27.	Are you currently on prescribed medications or drugs? If so, indicate name of drug and why it was prescribed.	YES	NO
28.	Do you have any allergies? If so, please list them. Are you allergic to any general medication (example: aspirin, sulfa, penicillin, etc.)? If so, please list them.	YES	NO
29.	Please list all medications that you are currently on.		

NAME:_____

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