

INJURY PROFILE (continued)

Have you had severe, recurrent ankle sprains which require taping? _____

History of Achilles tendon injury or pain? _____

Have you required surgery for any medical illness or for any injury including contact sports? _____
If so give details.

Have you recently had "mono" or appendicitis or any other acute illness? _____ If so give details.

Have you ever had a hernia? _____ Are you a Diabetic? _____ Asthmatic? _____

What medications do you now take and for what reasons?

Do you have two functioning (working) eyes? _____ Kidneys? _____ (males) Testicles? _____

Any history of Kidney disease? _____ Ever passed blood in urine? _____

Do you have any allergies? _____ Date of Immunization: Measles _____ Rubella _____
Tetanus-diphtheria _____

Do you have any medical illness which we should know about for your own protection?

All of the preceding information is complete and honest to the best of my knowledge.

Signed: _____ Date _____
(Student Athlete)

Signed: _____ Date _____
(Parent/Guardian)