

week or longer? Type of injury
Dates

17. Do you wear glasses or contacts during competition? NO YES
18. Do you wear any of the following dental appliances: PERMANENT BRIDGE, BRACES, REMOVABLE RETAINER, PERMANENT RETAINER, REMOVABLE PARTIAL PLATE, FULL PLATE, PERMANENT CROWN OR JACKET? NO YES (circle those which apply)
19. Have you had a broken bone or fracture in the past 2 years?
R or L __ What bone? _____ Dates NO YES
20. Have you had a shoulder injury in the past 2 years that disabled you for a week or longer (dislocation, separation, etc.) R or L __ Type of injury
Dates NO YES
21. Have you ever had shoulder surgery?
R or L __ What was done & why? _____ Date NO YES
22. Have you ever injured your back?
Type of injury _____ Date NO YES
23. Do you have back pain?
SELDOM, OCCASIONALLY, FREQUENTLY, WITH VIGOROUS EXERCISE, WITH HEAVY LIFTING NO YES (circle those which apply)
24. Have you injured your knee in the past 2 years?
R or L __ What was done & why? _____ Date NO YES
25. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee?
R or L __ Date NO YES
26. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee?
R or L __ Date NO YES
27. Have you ever had knee surgery?
R or L __ What was done & why? _____ Date NO YES
28. Have you had severe ankle sprain in the past 2 years? NO YES
29. Do you have a pin, screw, or plate in your body?
Where in your body? _____ Date NO YES
30. Do you have any other conditions that we should be aware of (i.e. ulcers, pregnancy, food or insect allergies, tendinitis, etc.)? (specify & give details) NO YES
31. Please give the date of your last immunization for: tetanus _____ polio _____
mumps _____ rubella _____ measles

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Guardian

Date

Signature of Player

Date