





**ANKLE**

BODY PART	YES	NO	RIGHT	LEFT	INJURY	DATE	ACTION TAKEN
SPRAINS							
DISLOCATIONS							
FRACTURES							
WEAR BRACES							
OTHER:							

**HEAD INJURY/CONCUSSION**

Have you ever been diagnosed with a concussion? Yes  No

Have you ever been hospitalized due to a head injury? Yes  No

DATE	MECHANISM OF INJURY	ACTION TAKEN	TIME MISSED FROM ACADEMICS/PRACTICES/GAMES

**EYES**

Have you ever suffered an injury to your eye(s)? Yes  No  Do you wear contacts? Yes  No

Do you wear glasses? Yes  No  **IF YOU WEAR CONTACTS - CONSIDER GIVING YOUR ATHLETIC TRAINER A PAIR**

DATE	RIGHT	LEFT	INJURY	ACTION TAKEN

**EARS/NOSE/THROAT**

Have you ever suffered an injury to your ear(s), nose, throat? Yes  No

DATE	INJURY	ACTION TAKEN

**DENTAL**

Have you ever suffered an injury to your mouth, jaw or teeth? Yes  No

DATE	INJURY	ACTION TAKEN

**IF YOU HAVE HAD SURGERY OR SIGNIFICANT INJURY- PLEASE PROVIDE ALL DOCUMENTATION RELATED TO THE SURGERY/INJURY (i.e. DOCTOR/OFFICE NOTES, DIAGNOSTIC REPORTS, SURGICAL/OP REPORT, PHYSICAL THERAPY NOTES, CLEARANCE LETTER ALLOWING RETURN TO ACTIVITY)**

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Student-Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_