

HEAD INJURIES / CONCUSSIONS:

- | | | |
|--|-----|----|
| | Yes | No |
| 15. Have you ever had a seizure?..... | 0 | 0 |
| 16. Have you ever had a head injury?..... | 0 | 0 |
| Have you ever had a concussion or been "knocked out", had your "bell rung", or been "dinged"?..... | 0 | 0 |

If YES, please list: Number: _____

<u>Date(s)</u> <u>activity</u>	<u>Activity at the time</u>	<u>Length of unconsciousness (minutes)</u>	<u>Length of time before full return to</u>
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Did you have any persistent problems with:
memory YES NO dizziness YES NO headaches YES NO

NECK INJURIES / BURNERS / STINGERS:

- | | | |
|---|-----|----|
| | Yes | No |
| 17. Have you ever had a neck injury (ie, strain, sprain, fracture, etc.)..... | 0 | 0 |
| 18. Have you ever had a stinger, burner or pinched nerve?..... | 0 | 0 |
- (a burning or numb feeling in the shoulder or arm after a hit to the head, neck or shoulder - aka. "brachial plexus stretch injury")

If YES, please list: Number: _____

<u>Date(s)</u>	<u>Activity at the time</u>	<u>Length of time sensation/strength changes persisted?</u>
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19. Check any of the areas that you have **INJURED IN THE PAST** and explain the injury below:

Hand ____	Elbow ____	Neck ____	Hip ____	Shin/Calf ____
Wrist ____	Arm ____	Chest ____	Thigh ____	Ankle ____
Forearm ____	Shoulder ____	Back ____	Knee ____	Foot ____

<u>Year of injury</u>	<u>Type of Injury</u>	<u>Side (right, left, both)</u>	<u>Is it still a problem? (Yes/No)</u>
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- | | | |
|--|-----|----|
| | Yes | No |
| 20. Do you have any incompletely healed injury?..... | 0 | 0 |

If yes, which injury? _____

I hereby certify the above information to be correct.

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____