

EAST CAROLINA UNIVERSITY

Student-Athlete Try-Out Health History Questionnaire

Student-Athlete Name _____ Soc. Sec. # _____
 Date of Birth _____ Sport _____

- YES NO Have you ever suffered a head injury / concussion and/or been knocked unconscious?
- YES NO Have you ever suffered a cervical spine / neck injury?
- YES NO Have you ever suffered a heat-related illness and/or received intravenous fluids (IV) for a heat-related problem?
- YES NO Have you ever been diagnosed with asthma and/or exercised induced asthma? Do you use an inhaler? (If so, please bring to the try-out)
- YES NO Have you ever been diagnosed with diabetes or any other medical condition/illness?
- YES NO Have you ever had chest pain, lightheadedness, and/or unexplained shortness of breath during or after exercise / practice?
- YES NO Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice?
- YES NO Have you ever been told that you have a heart murmur or high blood pressure?
- YES NO Has any family member or relative died of heart problems and/or of sudden death before age 35?
- YES NO Do you have only one of two paired, functioning organs (eyes, kidney, testicle, ovary, etc.)?
- YES NO Have you ever had seizures or convulsions?
- YES NO Do you or anyone in your family have sickle cell trait or disease?
- YES NO Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six (6) months?
- YES NO Have you ever been told by a physician to restrict your sports activity or not to participate in a sport for any reason?
- YES NO Have you ever had an injury to your bones, joints, or muscles that required you to miss practices, games, or required surgery?
- YES NO Are you currently taking any medications, including supplements?
- YES NO Are you aware of any reasons why you should not participate in intercollegiate athletics at ECU at this time?

*If you answered **YES** to any of the above questions and/or have any further information, which is knowledgeable to you and not required on this form, please explain in detail (use additional sheet(s) if necessary):*

I, the undersigned, hereby acknowledge, affirm, and represent that all above statements are true and accurate to the best of my knowledge; and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I fully understand that **East Carolina University**, its agents, servants, trustees, and employees disclaim liability, and will not be held liable for any injuries and/or illnesses not noted.

 Student-Athlete Signature

 Parent/Guardian Signature (if athlete is under 18)

 Student-Athlete Printed Name

 Date of Signature

 Local or Cell Phone

 Physician Signature