



**HEAD INJURIES / CONCUSSIONS:**

Yes No

15. Have you ever had a seizure?



16. Have you ever had a head injury?



Have you ever had a concussion or been "knocked out", had your "bell rung", or been "dinged"?



If YES, please list:

Number:

Date(s)	Activity at the time	Length of unconsciousness (minutes)	Length of time before full return to activity

Did you have any persistent problems with:

Memory	Y		N		Dizziness	Y		N		Headaches	Y		N	
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**NECK INJURIES / BURNERS / STINGERS: Yes No**

17. Have you ever had a neck injury (ie, strain, sprain, fracture, etc.)?



18. Have you ever had a stinger, burner or pinched nerve?



(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:

Date(s)	Activity at the time	Length of time sensation/strength changes persisted?

19. Check any of the areas that you have **INJURED IN THE PAST** and explain the injury below:

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

Year of injury	Type of Injury	Side (right, left, both)	Is it still a problem?	Y	N

20. Do you have any incompletely healed injury?



If YES, which injury	
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*I hereby certify the above information to be correct.*

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_