

OnPoint Athletics™

Prospective Student-Athlete Health History Questionnaire

Recruit Name _____ Soc. Sec. # _____
 Sport _____ Date of Birth _____

- 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 shoulder injury?
- YES NO Have you ever suffered an elbow / forearm, wrist, hand, and/or finger injury?
- YES NO Have you ever suffered a spine, low back, and/or sacroiliac injury?
- YES NO Have you ever suffered a rib, thorax, and/or chest injury?
- YES NO Have you ever suffered a hip, groin, and/or thigh injury?
- YES NO Have you ever suffered a knee injury?
- YES NO Have you ever suffered an ankle, lower leg, and/or foot injury?
- YES NO Have you ever had surgery on your shoulder, elbow / forearm, wrist, hand, and/or finger?
- YES NO Have you ever had surgery on your hip, knee, ankle, lower leg, and/or foot?
- YES NO Have you ever had surgery on your spine (cervical / neck, lumbar, etc.)?
- 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 any allergies and/or ever had an unfavorable / allergic reaction to any medications, food items, and/or stings / bites?
- YES NO Have you ever been diagnosed with asthma and/or exercised induced asthma?
- YES NO Have you ever been diagnosed with diabetes?
- YES NO Have you ever had chest pain and/or unexplained shortness of breath during or after exercise / practice?
- YES NO Have you ever felt dizzy, lightheaded, and/or passed out 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?
- YES NO Has any family member or relative died of heart problems and/or of sudden death before age 35?
- YES NO Has a physician ever denied or restricted your participation in sports due to any heart problems?
- YES NO Have you ever had an electrocardiogram (EKG) and/or echocardiogram of your heart?
- YES NO Do you have only one of two paired, functioning organs (eyes, kidney, 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?
- YES NO Are you aware of any reasons why you should not participate in intercollegiate athletics at UCF 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.

Recruit Signature

Date

Parent / Guardian Signature (if younger than 18 years old)

Date

Cervical Spine:

History of Injury- YES NO _____
Please Describe
ROM / Laxity / Instability- _____
Recommendations- _____

Shoulder:

History of Injury- YES NO _____
Please Describe
ROM / Laxity / Instability- _____
Recommendations- _____

Elbow / Hand / Wrist / Fingers:

History of Injury- YES NO _____
Please Describe
ROM / Laxity / Instability- _____
Recommendations- _____

Thoracic Spine / Lumbar Spine / SI:

History of Injury- YES NO _____
Please Describe
ROM / Laxity / Instability- _____
Recommendations- _____

Hip / Thigh:

History of Injury- YES NO _____
Please Describe
ROM / Laxity / Instability- _____
Recommendations- _____

Knee:

History of Injury- YES NO _____
Please Describe
ROM / Laxity / Instability- _____
Recommendations- _____

Lower Leg / Ankle / Foot:

History of Injury- YES NO _____
Please Describe
ROM / Laxity / Instability- _____
Recommendations- _____

Recommendations / Comments: _____

Status:

- Recommend without restrictions
- Recommend with restrictions _____
- Not Recommended

OnPoint Athletics™ Trainer's Signature _____	Date _____
OnPoint Athletics™ Trainer Print Name _____	