

Converse College Sports Medicine

Returning Athlete Health Appraisal Form

Name: _____
Date of Birth: _____
Sport(s): _____

Date: _____
SS#: _____

Date of initial examination at Converse College: _____

The following questions must have current answers by the student-athlete:

- 1) Have you been hospitalized or had a serious illness since the above examination? YES NO
- 2) Are you currently ill in any way? YES NO
- 3) Have you had any significant injury (including head injury/surgeries/etc) since the above exam? Please list injuries below. YES NO
- 4) Do you currently have any injuries that are not yet completely healthy? YES NO
- 5) Are you taking any medication on a regular or continuing basis? YES NO
- 6) Has any of your medical history information changed since your last exam? YES NO
- 7) Do you know of or do you believe that there is any health reason why you should not participate in the Converse College Intercollegiate Athletic program at this time? YES NO

If you answered YES to any of the questions above, please explain:

*This certifies that the answers to the above questions are correct and true.

Student-Athlete Signature _____

Print Student-Athlete Name _____ Date _____