# University of Saint Katherine Athletic Training Department
# Student-Athletie Try-Out History Questionnaire

Student-Athlete Name _____ Sport _____

Date of Birth _____

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| ☐ 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 injury? |
| ☐ YES ☐ NO | Have you ever suffered a 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 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 | Do you get tired more quickly that your teammates / friends do during 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) of your heart? |
| ☐ YES ☐ NO | Do you cough, wheeze, or have trouble breathing during or after exercise / practice? |
| ☐ 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 SDC 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):**

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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 inofrmation have been withheld. If any information and/or statements are false and/or have been ommitted in reference to my past and'or present medical history, I fully understand that the **University of Saint Katherine**, its agents, servants, trsutees, and employees dislcaim liabiltity, and will not be held lieble for any iinjuries and/or ilnesses not noted.

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Student-Athlete Signature Date