



<b>HAVE YOU HAD AN INJURY OF:</b>	<b>YES</b>	<b>NO</b>	<b>SIDE</b>	<b>DATE:</b>	<b>Current Problem?</b>	<b>Describe:</b>
58. HEAD (concussion - "knocked out", surgery, hospitalization, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
59. FACE (fracture, eye injury, ear problem, broken nose - deviated septum, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
60. NECK (strain, fracture, "stinger - burner", surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
61. SHOULDER (dislocation, separation, rotator cuff injury, tendinitis, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
62. ARM / ELBOW (joint sprain, muscle strain, fracture, tendinitis, dislocation, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
63. WRIST / THUMB / HAND (sprain, fracture, tendinitis, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
64. FINGER(S) (sprain, fracture, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
65. CHEST (lung injury, heart injury, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
66. ABDOMEN (kidney injury, spleen injury, liver injury, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
67. GENITALIA (groin, testicle - ovary, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
68. BACK (strain, chronic pain, slipped disc, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
69. HIP / THIGH (fracture, muscle strain, calcium deposit, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
70. KNEE (sprain, cartilage, pain, bursitis, tendinitis, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
71. LOWER LEG (sprain, fracture, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
72. ANKLE (sprain, fracture, tendinitis, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
73. FOOT (sprain, fracture, plantar fasciitis - heel spur, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
74. TOE(S) (fracture, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	
75. OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	LT RT		N Y	

**DIET HISTORY**

<b>DO YOU HAVE / HAVE YOU EVER HAD:</b>	<b>YES</b>	<b>NO</b>	<b>Explain any "YES" answers:</b>
76. Anorex/Bulimia/Eating Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
77. Do you want to weigh more/less than you do?	<input type="checkbox"/>	<input type="checkbox"/>	
78. Have you ever induced vomiting to control your weight?	<input type="checkbox"/>	<input type="checkbox"/>	
79. Have you ever used laxatives, diuretics or diet pills for weight loss?	<input type="checkbox"/>	<input type="checkbox"/>	
80. Are you taking any vitamins, minerals, or supplements?	<input type="checkbox"/>	<input type="checkbox"/>	
81. Are there any food groups you choose not to eat (meat, dairy, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>82. What is your ideal weight?</b>			
83. What foods (and supplements) have you eaten in the last 24 hours?			
Breakfast:			
Lunch:			
Dinner:			
Other:			

**THE UNDERSIGNED ATHLETE:**

- Understands that he/she must refrain from practice or play while ill or injured, whether or not receiving medical treatment, and during medical treatment until he/she is discharged from treatment or is given permission by a Wake Forest University Team Physician to restart participation despite continuing treatment.
- Understands that having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him/her at the time of said evaluation.
- Certifies that the answers to the above questions are correct and true.

**ATHLETE'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_