

# Bellarmine University

## Prospective Student Athlete Health History Questionnaire

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sport(s) \_\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

- YES NO Have you ever suffered a head injury/concussion or been knocked unconscious?
- YES NO Have you ever suffered a cervical spine or neck injury?
- YES NO Have you ever suffered a "burner", "stinger" or Brachial Plexus injury?
- YES NO Have you ever suffered an injury to your shoulder joint, AC joint or collarbone?
- YES NO Have you ever suffered a severe strain or tear to your rotator cuff?
- YES NO Have you ever suffered an elbow/forearm, wrist, and hand and/or finger injury?
- YES NO Have you ever suffered a spine, low back, disk 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 (ligaments, cartilage knee cap/patella)?
- YES NO Have you ever suffered an ankle, lower leg, and/or foot injury?
- YES NO Have you ever suffered a severe muscle strain or severe muscle pull or tear?
- YES NO Have you ever suffered a repeated/chronic over-use or tendonitis-like injury?
- YES NO Have you ever suffered a broken bone/fracture or stress fracture injury?
- YES NO Do you have any pain, burning, numbness or tingling to a body part?
- YES NO Have you ever been advised by a physician to have surgery?
- YES NO Have you ever had a heat elated illness due to athletic activity?
- YES NO Have you ever had to be given IV fluids for a heat related illness?
- YES NO Have you been diagnosed with any allergies, diabetes or sickle cell?
- YES NO Have you ever been diagnosed with asthma or exercise induced asthma?
- YES NO Have you ever had chest pain and/or shortness of breath with exercise?
- YES NO Have you ever felt dizzy, lightheaded or faint with exercise or activity?
- YES NO Have you ever been diagnosed with a heart murmur or a "skipping" heartbeat?
- YES NO Has a family member (father/mother/brother/sister) died suddenly under age 40  
Due to a heart conditions?
- YES NO Have you been diagnosed with high blood pressure or a heart/lung condition?
- YES NO Do you have only on of any two paired functioning organs (eyes, kidney, and testicle)?  
If YES, Which ones \_\_\_\_\_
- YES NO Have you ever had any seizures or convulsions?
- YES NO Do you suffer from any mental or emotional disorders?
- YES NO Have you ever been told by a physician to restrict or NOT to play sports?
- YES NO Do you wear any special braces, pads, taping, or protective devices to play?

**If yes to any of the above, please explain:**

---

---

---

---

---

---