

# Recruit Tryout Health History Northwest University Athletics

Name \_\_\_\_\_ Sex: M F Age \_\_\_\_\_ Date \_\_\_\_\_

Sport(s) Position(s) Eligibility year: RFR FR SO JR SR

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Please complete the following form in regard to you physical health since your last physical examination for the Northwest University Intercollegiate Athletic Program.

**Note: Since your Last Physical Exam:**

1. Have you had any illness that lasted more then one week? YES NO

Please Describe \_\_\_\_\_

2. Have you been hospitalized? YES NO

Please Describe \_\_\_\_\_

3. Have you had any surgery since the last exam? YES NO

Please Describe \_\_\_\_\_

4. Have you had a concussion, unconscious for any reason, "had your bell rung", had a seizure, or convulsions YES NO

Please Describe \_\_\_\_\_

5. Have you had a heat related illness? YES NO

Please Describe \_\_\_\_\_

6. Have you any laxatives, food restriction, vomiting or dehydration to control you body weight? YES NO

Please Describe \_\_\_\_\_

7. Have you had an injury to any of the following areas:

|                    | YES | NO | EXPLAIN |
|--------------------|-----|----|---------|
| Neck/Head          |     |    |         |
| Back               |     |    |         |
| Ribs               |     |    |         |
| Shoulder/Arm       |     |    |         |
| Elbow/Forearm      |     |    |         |
| Wrist/Hand/Fingers |     |    |         |
| Hip                |     |    |         |
| Thigh              |     |    |         |
| Knee               |     |    |         |
| Leg/Ankle          |     |    |         |
| Foot               |     |    |         |

I hereby state that I have fully and completely disclosed and described every part of my medical history of which I have knowledge. Further, I have fully and completely disclosed any and all past and preexisting injuries, congenital defects, and any and all ailments that would potentially cause me to be unable to perform as a player. As to all of the above which I have not made full and complete disclosure, I hereby waive my rights to any and all claims against Northwest University, the Athletic Department and their employees, and the Team Physicians for medical expenses and any or all other claims.

Athlete's Signature \_\_\_\_\_

Date \_\_\_\_\_