

HEALTH HISTORY FOR SBRA MEMBER
(Please print)

Date: _____

Name: _____ Age _____ Sex: M/F _____

Emergency Contact Name: _____

Phone No. _____ Relationship _____

HEALTH HISTORY: Please mark the box and/or circle any area that applies to you. Read through every section and check "no problem" if none of the symptoms apply to you. This questionnaire is for your safety and will be shared with coaches only. The presence of any health problems does not mean you cannot participate.

- Cardiovascular*
- Chest pain / discomfort
 - Palpitations (fast or irregular heartbeat)
 - High Blood Pressure
 - History of heart problems
 - No problems**

- Hematologic/Lymphatic*
- Easy bruising
 - No problems**

- Allergic/Immune*
- Hay fever / allergies
 - Frequent infections
 - No problems**

- Respiratory*
- Cough / wheeze
 - Loud snoring / altered breathing during sleep
 - Short of breath with exertion
 - No problems**

- Musculoskeletal*
- Neck pain
 - Back pain
 - Muscle / joint pain
 - Previous neck/back injury
 - No problems**

- Neurological*
- Headache
 - Memory loss
 - Fainting
 - Dizziness
 - Numbness / tingling
 - Unsteady gait
 - Frequent falls
 - Seizure disorder
 - No problems**

- Other:*
- History of diabetes

- Take prescribed medications:*
- Insulin
 - Rescue inhaler
 - High BP medication
 - Epi pen

Exercise:
Do you exercise regularly? Yes No
What kind of exercise?

How long (minutes)? _____
How often? _____

HEALTH INSURANCE INFORMATION:

Insurance

Company: _____

Certificate Number: _____ Group Number: _____

Policy Holder: _____ Relationship to

athlete: _____