

Do you:	Yes	No	Explain
24. Wear glasses, contacts, dental bridges, etc.?			
25. Have full function and presence of all paired organs? e.g.; eye, kidney, testicle/ovary, lung.			
26. Presently take medication? (please list)			

Has any blood relative:	Yes	No	Explain
27. Died suddenly before age 55?			
28. Had a heart attack before age 55?			

	Yes	No	Explain
29. Has your athletic playing status ever been interrupted or limited due to injury or illness?			
30. Do you know of any medical reason that might limit your participation in sports?			

Name of physician who performed **last** physical: _____

Date of **last** physical: _____

I certify that the above information is correct. I further certify that I do not have any conditions or injuries which would inhibit my participation in athletic events. I understand that there is a risk of injury in any athletic participation.

Signed by: _____

Student-Athlete

Date signed

Reviewed by: _____

Physician/Trainer

Date reviewed