

YUBA COLLEGE ATHLETICS
RETURNING ATHLETE QUESTIONNAIRE

NAME: _____

DATE: _____

STUDENT ID# _____

BIRTH DATE: _____

SPORT: _____

PLEASE BE THOROUGHLY HONEST IN ANSWERING THE FOLLOWING THREE QUESTIONS:

1. HAVE YOU BEEN INJURED, IN ANY WAY, DURING THE OFF-SEASON?

YES _____ NO _____

IF YES, WHAT WAS THE INJURY? _____

2. HAVE YOU BEEN HOSPITALIZED DURING THE OFF-SEASON?

YES _____ NO _____

IF YES, FOR WHAT? _____

3. ARE YOU TAKING ANY MEDICATIONS?

YES _____ NO _____

IF YES, WHAT? _____

ANY OTHER INFORMATION REGARDING YOUR HEALTH THAT THE SPORT MEDICINE TEAM SHOULD BE AWARE OF:

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

(IF UNDER 18 YEARS OLD)