



Baptist Bible College | Defender Sports Medicine
Returning Athlete Health Form

Name _____ Date _____

Sport(s) _____

Please answer the following questions:

1 Have you had any serious illness or injury since last season that was **not** treated by Defender Sports Medicine or Student Health Services? If yes, please explain: yes no

2 Have you visited a hospital or physician since last season (**not** with Defender Sports Medicine or Student Health Services?) yes no

3 Do you have any conditions which you feel Defender Sports Medicine should be aware of prior to your participation in athletics? If yes, please explain: yes no

4 Are you presently taking any medications? If yes, please list: yes no

5 Do you currently have any injuries which have not completely healed? If yes, please explain: yes no

6 Do you wish to see the team physician about any problem you may have? yes no

I certify that the medical history information given is an accurate update of my health status. I understand that any incorrect information that I knowingly report may disqualify me from participation at Baptist Bible College and also relieves Baptist Bible College of all medico-legal liability.

Athlete Signature _____

Date _____