



THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam Name Date of birth Sex Age Grade School Sport(s)

Table with 16 rows of questions regarding disabilities and medical history, including 'Type of disability', 'Date of disability', and 'Do you regularly use a brace, assistive device or prosthetic?'.

Explain "yes" answers here

Blank lines for explaining 'yes' answers to the previous table.

Please indicate if you have ever had any of the following.

Table with 16 rows of conditions to be evaluated, including 'Atlantoaxial instability', 'Dislocated joints (more than one)', and 'Spina bifida'.

Explain "yes" answers here

Blank lines for explaining 'yes' answers to the second table.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student Signature of parent/guardian Date: