ATHLETIC QUESTIONNAIRE REGARDING CONCUSSION AND SICKLE CELL DISEASE

CONCUSSION

Have you ever had a concussion?  _____Yes  _____No

If yes:

Number of concussions:_____

Approximate date of most recent concussion:_____

Approximate age of first concussion:_____

Concussion symptoms ever last longer than 3 days?_____

Any loss of consciousness?_____

Any amnesia (loss of memory)?_____

Any convulsions/seizures?_____

SICKLE CELL DISEASE

Where were you born?_____

For your information, NYS routinely performs Sickle Cell Testing on all newborns. Many states and other countries do not. The NCAA strongly recommends such testing for athletes. If you were not born in NY, you are advised to be tested. The current cost of a test is $3.00.

Please note your decision below and sign.

________________________________________________________________________

I have been provided with Sickle Cell Information and:

_____ I wish to have Sickle Cell Testing.

_____ I decline to have Sickle Cell Testing at this time.

______________________________  ______________________________  _____________
SIGNATURE  RAM ID#  DATE