

Ball Like Me Sports Management, Inc.  
[athletes@balllikemesports.net](mailto:athletes@balllikemesports.net)  
708-320-9752

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

MEDICAL HISTORY SURVEY

1. Have you ever been informed that your child has asthma? Yes No  
If yes, is it \_\_\_\_\_ exercise induced?  
\_\_\_\_\_ allergy induced?  
\_\_\_\_\_ illness induced?  
\_\_\_\_\_ do not know.  
Is it controlled by medication? Yes No
2. Have you ever been informed that your child might have epilepsy,  
or has your child ever experienced a seizure? Yes No
3. Has your child ever been treated for infectious mononucleosis,  
viral pneumonia, or another infection during the past  
Twelve months? Yes No
4. Has your child ever been treated for or informed by a medical  
doctor that he/she has a heart problem, a heart murmur, or  
high blood pressure? Yes No
5. Has your child had an illness requiring bed rest of one week or  
longer in the past year? If yes, give date and nature of  
illness: \_\_\_\_\_ . Yes No
6. Have you ever been told your child has hemophilia or another  
bleeding disorder, or does he/she bleed or bruise easily? Yes No
7. Has your child ever had a hernia? If so, is it repaired? Yes No
8. Has your child had any operations in the past two years? If yes  
give anatomical site and date: \_\_\_\_\_ . Yes No
9. Have you ever been told by a medical doctor that your child  
should not participate in athletic training or any other  
sports activity? Yes No
10. Is your child currently taking medications? If yes, give name  
of drug and reason for prescription: \_\_\_\_\_ . Yes No

11. Has your child been “knocked out” or experienced a concussion in the past three years? If yes, give dates and if hospitalized: \_\_\_\_\_ . Yes No
12. Has your child had an injury to the neck or nerves, vertebrae (bones), or vertebra discs that incapacitated him/her for a week or more? If yes, give dates:\_\_\_\_\_ . Yes No
13. Has your child been diagnosed or treated for Osgood-Schlatter disease? Yes No
14. Has your child had a fracture in the past two years? If yes, give site of fracture and date:\_\_\_\_\_ . Yes No
15. Has your child experienced a severe sprain, dislocation, or fracture of an ankle? If yes, give dates:\_\_\_\_\_ . Yes No
16. Has your child had a shoulder dislocation, separation, or other shoulder in the past two years? If yes, give dates:\_\_\_\_\_ . Yes No
17. Has your child had a severe sprain, dislocation, or fracture of an elbow? If yes, give dates:\_\_\_\_\_ . Yes No
18. Has your child had any other joint dislocations in the past two years? If yes, indicate joints and dates:\_\_\_\_\_ . Yes No
19. Has your child had an injury to his/her back? Yes No  
If yes, give dates:\_\_\_\_\_ .  
If yes, did you seek the advice of a medical doctor? Yes No
20. Has your child injured the ligaments or cartilage of either knee joint? Was he/she advised to have surgery to correct the condition? Yes No  
If yes, give details and dates:\_\_\_\_\_ .
21. Has your child had any other illnesses, injuries, or operations in the Past two years? If yes, give details and dates:\_\_\_\_\_ . Yes No  
\_\_\_\_\_ .

Parents/Guardians/Students:

All the above questions have been answered completely and truthfully to the best of our knowledge.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Parent/Guardian Signature

