Purdue University Athletic Medical Waiver

1. Have you ever had any broken bones? Yes _____ No _____

   If yes, which bone? _____

2. Have you ever had any type of surgery? Yes _____ No _____

   If yes, what kind of surgery? _____

3. Have you had any kind of athletic injury that kept you out of one or more games?

   Yes _____ No _____

   If yes, what kind of injury? _____

4. Have you ever been told you have high blood pressure? Yes _____ No _____

5. Do you have any type of cardiac (heart) problems? Yes _____ No _____

6. Have you ever been knocked out (concussion)? Yes _____ No _____

Statement of Health

I do hereby certify my present health status to be good. I am not, nor have I ever suffered from any form of heart disease, high blood pressure, nor am I suffering from any physical injury or illness which might be detrimental to my health during participation in the Purdue University athletic team try-outs.

_____ _____

Date **Signature**

_____

Last Name **First Name** **Full Middle Name**

_____

Campus Address

_____

Campus Phone **Birth Date**