

## **Acknowledgement of Health History Form Completion**

(to be completed by New Student-Athletes after completing Health History Form)

Name \_\_\_\_\_ Sport \_\_\_\_\_

Date of Birth \_\_\_\_\_

### The undersigned student athlete herewith:

- A. Certifies that the answers and information on this questionnaire are correct and true.
- B. Understands that any medical expense due to pre-existing injury/conditions not directly related to athletic participation at Montana State University are my personal responsibility unless an agreement in writing directs the responsibility to MSU.
- C. Understands the athletic training room policies and insurance coverage at MSU.
- D. Understands that participation in athletics requires an acceptance of risk of injury. (Athletes rightfully assume that those who are responsible for the conduction of sports has taken reasonable precautions to minimize such risks and that their peers participating in their sport will not intentionally inflict injury upon them.)
- E. Understands that the periodic analysis of injury patterns lead to refinements in the rules and other safety precautions. However, to legislate safety via a rule book and equipment standards, while often necessary, seldom is effective by itself; and to rely on officials to enforce compliance with the rule book is as insufficient as to rely on warning labels to produce compliance with safety guidelines. "Compliance" means respect on everyone's part for the intent and purpose of a rule or guidelines.
- F. Understands that, while injured or ill, must refrain from practice or competition if advisable by the athletic training staff and/or team physicians until return to play has been approved by the athletic training staff and/or team physicians whether or not treatment is being received.
- G. Understands that having passed the preliminary physical examination does not necessarily mean that he/she is physically qualified to participate in athletics, but only that the evaluator did not find a medical reason to disqualify him/her at the time of the examination.

I hereby authorize MSU- Bozeman and its athletic trainers to release this form and the information on it to any health professional who is treating me, my coaches, MSU Athletic Directors, insurance companies, other athletic trainers that may be providing services to me and any other person that I authorize in writing to receive such information.

Student-Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_