

Male Only Health History

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| Do you experience any unusual discharge? | |
| Do you have any testicular pain or masses? | |

Injury History

Have you had any of the following injuries? If yes, explain and include dates:

Allergies and Medications

Do you have any known allergies to

General Information

| | Yes or No | If yes, explain: |
|--|-----------|------------------|
| Do you currently need any type of bracing, taping, or other special padding for sport? | | |
| Have you had an illness or injury in the past 12 months that is not listed above? | | |
| Have you used/Are you using any performance enhancing supplement or drug? | | |
| Do you know of any health reason that would put you at risk if participating in a sport at the current time? | | |

Health Insurance Information

Insurance must be updated annually and when there is a change. Enter your insurance information on your health services portal.

Please upload a copy of the front & back of your insurance card to your health portal.

Authorization and Consent

A parent/guardian must acknowledge and sign this section this section if the student is under the age of 18 on the first day of classes.

I give Boston College (BC) Health Services (UHS) permission to examine and treat me during my enrollment at BC. I understand that UHS providers within this organization may discuss my care with the clinic to allow for adequate care and management. I understand if specialty care is needed, UHS will provide a referral. This information is for UHS use and will not be released to a third party without your consent. **I certify that the information provided is complete and accurate. I am aware of the Health Servicare**