**What you need to complete your Health History:**

Athlete's Name
Athlete's Date of Birth
An Active Email
Insurance Information
Allergies
Dietary Issues
Use of Assistive Devices
List of All Sports Participating in
Past Surgeries, Infections, Vaccines
Epilepsy or Seizure History
Mental Health
Family History
Diagnoses History
Neurological Symptoms (Atlanto-axial Instability)
Medications (Dose and times per day)
Vitamins (Dose and times per day)
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