**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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