





**Male Only Health History**

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**