



RMMLA MEDICAL HISTORY CARD

Name: _____ Birth date: _____

Personal Health Number: _____

Parent/Guardian Name: _____

Address: _____

Phone: (Home) _____ (Cel) _____

Contact Person (If parent is unavailable): _____ Phone: _____

Family Physician: _____ Phone: _____

Record of Illnesses – State illnesses or conditions, past or present that may affect or be affected by performance.

Asthma Diabetes Heart Disease Seizures

Other: _____

(Specify) Other problems, previous injuries or surgery

Headaches Blackouts Chest Pain Fractures (list) _____

of Concussions: _____ Date of Last Concussion: _____

Other: _____

Are corrective lenses required? Yes No

Immunization: Year of last tetanus shot: _____

List allergies and/or medications taken regularly:

Any other information that may be relevant:

Date card completed: _____

Signature of parent/guardian: _____