MEDICAL INFORMATION

PLEASE PRINT CLEARLY

Player's Name: ____

Address: ____

Birth date: ______________________ Age:__________ Gender:____________

Health Card # ____

Doctor. ______________________________ Phone: (________)______________________

Address: ____

Home Phone: (____)____________ Work Phone: (____)____________ Cell: (____)______________

Parent / Guardian Name:____

Address: ____

Home Phone: (____)____________ Work Phone: (____)____________ Cell: (____)______________

Emergency Contact: ____

Home Phone: (____)____________ Work Phone: (____)____________ Cell: (____)______________

Health History		Details:
Medic Alert	Yes ☐ No ☐	______________________
Allergies	Yes ☐ No ☐	______________________
Asthma (Respiratory)	Yes ☐ No ☐	______________________
Blackouts/Fainting	Yes ☐ No ☐	______________________
Diabetes	Yes ☐ No ☐	______________________
Epilepsy	Yes ☐ No ☐	______________________
Deaf/Hard of Hearing	Yes ☐ No ☐	______________________
Heart Condition	Yes ☐ No ☐	______________________
Recurring Headaches	Yes ☐ No ☐	______________________
Seizures	Yes ☐ No ☐	______________________
Glasses	Yes ☐ No ☐	______________________
Contact Lenses	Yes ☐ No ☐	______________________
Injuries (specify)	Yes ☐ No ☐	______________________
Medications (specify)	Yes ☐ No ☐	______________________
Other (including recent surgery)	Yes ☐ No ☐	______________________

Other:____

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