

Medical History Card

Name: _____ Birth date: _____

Address: _____

_____ Phone: _____

Alberta Health Care Number: _____

Parent/Guardian Name: _____

Address (If different than above): _____

Alberta Health Care Number: _____

Phone (Home): _____ Phone (Work): _____

Contact Person
(if Parent is unavailable): _____ Phone: _____

Family Physician: _____ Phone: _____

Please state illnesses or conditions, past or present, that may affect or be affected by performance.

Asthma Heart Disease Diabetes Seizures
Other: _____

(Specify) Other problems, previous injuries or surgery
Headaches Blackouts Chest Pain Fractures
of Concussions: _____ Other: _____

Are corrective lenses required: No Yes

Immunization: Year of last tetanus shot: _____

List allergies and/or medications taken regularly:

Signature of Parent/Guardian: _____ Date: _____