



# MEDICAL HISTORY

Please Print clearly

NAME OF PLAYER \_\_\_\_\_  
(Surname) (First name)

\_\_\_\_\_/D \_\_\_\_\_/M \_\_\_\_\_/Y \_\_\_\_\_ AGE  
(Date of birth)

POSITION PLAYING THIS YEAR \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_  
(Surname) (First name) (Phone #)

\_\_\_\_\_  
(City) (Province)

EMERGENCY CONTACT \_\_\_\_\_  
(Surname) (First name) (Phone #)

\_\_\_\_\_  
(City) (Province)

PROVINCIAL HEALTH CARD\* \_\_\_\_\_  
(Number) (Version Code) (Province)

\*Your physician medical care on site is covered by the provincial health plans and will require a valid health card. Please bring your health card to the medical room when you require service or provide us with the information on this registration form and we will ensure that the medical clinic has it.

## HEALTH QUESTIONNAIRE

YES NO

- 1. Have you ever been hospitalized?.....  YES  NO
- 2. Are you presently taking any medication or pills?.....  YES  NO
- 3. Have you ever passed out during or after exercise?.....  YES  NO
- 4. Have you ever been dizzy during or after exercise?.....  YES  NO
- 5. Have you ever had chest pain during or after exercise?.....  YES  NO
- 6. Do you have trouble breathing or do you cough during or after activity?.....  YES  NO
- 7. Do you use any special equipment (pads, scrum cap, brace, eye guard et.).....  YES  NO
- 8. Have you had any problem with your eyes or vision?.....  YES  NO
- 9. Do you wear glasses or contacts or protective eye wear?.....  YES  NO
- 10. Do you have problems hearing or use a hearing device?.....  YES  NO
- 11. Do you have asthma?.....  YES  NO
- 12. Do you have a heart condition?.....  YES  NO
- 13. Do you have Diabetes? Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_ .....  YES  NO
- 14. Do you wear a medical information bracelet or necklace?.....  YES  NO  
For hat purpose? \_\_\_\_\_

If Yes to any of the above please provide further explanation