



- Wolverine
- Wildcat
- Warrior

Athlete Medical History Form

This form is for the use of the trainer, coaches and medical personnel of the Wolverines/Wildcats/Warriors during the 2010 football season.
All information provided will be kept in strict confidence

Name: _____

Date of Birth: (D/M/Y) _____

Email: _____

Phone: _____

Alberta Health Care Number: _____

Height: _____

Weight: _____

Family Doctor's Name: _____

Family Doctor's Address/Phone Number: _____

Date of last physical exam: (month & year) _____

Dentist Name: _____

Dentist Address/Phone Number: _____

Please circle the appropriate response below pertaining to this person:

- | | | |
|-----|----|--|
| Yes | No | Previous history of concussions.
If yes, how many have you had and when was your last concussion: _____ |
| Yes | No | Allergies. If yes, please state: _____ |
| Yes | No | Medication. If yes, please state names: _____ |
| Yes | No | Presently injured. If yes, please state type: _____ |
| Yes | No | Injuries requiring medical attention in the last year. If yes, please list: _____ |
| Yes | No | Surgery or hospitalized in the last year. If yes, please state list: _____ |
| Yes | No | Illness lasting more than 1 week in the past year.
If yes, please state what type: _____ |
| Yes | No | Wears medic alert jewelry |
| Yes | No | Wears glasses
If yes, are the shatterproof? _____ |
| Yes | No | Wears contact lenses |
| Yes | No | Wears dental appliance |
| Yes | No | Hearing problems |
| Yes | No | Asthma If yes, please bring inhalers to <u>all</u> practices and games |
| Yes | No | Trouble breathing during exercise |
| Yes | No | Heart condition |
| Yes | No | Anemia, leukemia or bleeding disorder |
| Yes | No | Diabetes, hepatitis or jaundice |
| Yes | No | Kidney or bladder problems |
| Yes | No | Fainting episodes during exercise |
| Yes | No | Epileptic |
| Yes | No | Any other health problems that may interfere with participation.
Please state: _____ |