

MEDICAL HISTORY AND CONSENT FORM (cont)

Please circle the appropriate response below pertaining to this player:

- | | | |
|-----|----|---|
| Yes | No | Previous history of concussions.
If yes, how many have you had and when was your last concussion _____ |
| Yes | No | Head Injury |
| Yes | No | Seizure |
| Yes | No | Previous neck injury |
| Yes | No | Allergies (bees, medicine, etc) if yes, please indicate: _____ |
| Yes | No | Vitamins or Supplements, if yes please indicate: _____ |
| Yes | No | Medication, if yes, please indicate names: _____ |
| Yes | No | Presently injured, if yes please state: _____ |
| 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: _____ |
| Yes | No | Illness lasting more than one (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 appliances |
| Yes | No | Special Equipment (eye guard, etc.). If yes, please state: _____ |
| Yes | No | Hearing problems |
| Yes | No | High blood pressure |
| Yes | No | Heart mummer |
| Yes | No | Asthma, if yes, please bring inhalers to <u>all</u> practices and games |
| Yes | No | Racing heart beat or feels like skipping |
| Yes | No | Trouble breathing / coughing during or after exercise |
| Yes | No | Dizziness during or after exercise |
| Yes | No | Chest Pain during or after exercise |
| Yes | No | Heart condition |
| Yes | No | Heat or muscle cramps |
| Yes | No | Dizziness or passing out in the heat |
| Yes | No | Anemia, leukemia or bleeding disorder |
| Yes | No | Skin Problems (itching, rash, etc) |
| Yes | No | Diabetes, hepatitis or jaundice |
| Yes | No | Kidney or bladder problems |
| Yes | No | Fainting episodes during or after exercise |
| Yes | No | Epileptic |
| Yes | No | Eye or vision problems |
| Yes | No | Any injuries that have not yet healed |
| Yes | No | Any other health problems that may interfere with participation, Please state: _____ |

I hereby certify that the above information to be correct

Player signature: _____ Parent/ Guardian signature: _____