SWU Athletic Medical History Form

DATE:_____

Athlete's Name:_____ Date of Birth:__ __ / __ __ / __ __
D M Yr

Phone #:_____; Alberta Health Care #: _____

Emergency Contact Person: _____

Relationship: _____ Ph #: _____

Family Physician: _____ Ph#: _____

Most recent exam/physical by doctor: _____

GENERAL

YES	NO	
___	___	Any problems with vision? Do you use contact lenses during athletic activities?
___	___	Any problems with your teeth or mouth?
___	___	Any history of heart problems or chest pain during or after exercise?
___	___	Have you ever had any problems with your spleen, liver, or kidneys?
___	___	Any history of diabetes?
___	___	Have you ever fainted during or after exercise?
___	___	Any history of epilepsy/seizures?
___	___	Any problems with your lungs or with breathing (ie. Asthma)?
___	___	Any ALLERGIES (ie. medications, insect bites, pollen, dust, grass etc.)?
		List here: _____
		_____
___	___	Are you presently taking any medications?
		If so, what and why? _____
		_____
___	___	Have you had a tetanus shot within the last ten years?
___	___	Do you have any skin conditions (ie. itching, rashes, acne, etc.)?
___	___	Have you ever had any surgery? If so, what and when? _____
___	___	Any other medical concerns? If yes, explain: _____

MUSCULOSKELETAL

YES	NO	
___	___	Are you presently (or in the past) seeing a Physiotherapist or Chiropractor?
___	___	Have you ever had a concussion? If yes, how many? _____
___	___	Have you ever had a "pinched nerve", "stretched nerve", or tingling or numbness down either or both of your arms? If so, which arm? R _____ L _____ Both _____
___	___	Do you presently require any taping to your body? Location:_____
		Describe why: _____

* If you answered yes to any of the above, please explain below:

Past/Present Musculoskeletal Injuries (ie.sprains/strains/dislocations/fractures/surgery etc.):

YES	NO		YES	NO		YES	NO	
___	___	Head	___	___	Chest	___	___	Hip
___	___	Neck	___	___	Shoulder	___	___	Knee
___	___	Back	___	___	Elbow	___	___	Shin/calf
___	___	Pelvis	___	___	Wrist	___	___	Ankle
___	___	Abdomen	___	___	Hand/Fingers	___	___	Foot

Details of Above Injuries/Conditions: -> Include date, diagnosis, and treatment/surgery etc. (use reverse of page as required for details):

_____

_____

Details of Injuries (continued):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
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_____
_____

MEDICAL CONSENT

In the event of injury or illness, I _____ and _____ (being the guardian/Mother and Father) of _____, authorize the Southwest United Coach to obtain appropriate medical/dental treatment and/or intervention.

Before obtaining any medical/dental treatment the Southwest United Coach shall first contact me/either of us to confirm the appropriate treatment if he/she is able to under the circumstances.

I/we hereby release the Southwest United Coach from any and all claims we may, or our son or daughter may, have against him/her regarding medical/dental decisions he/she makes on behalf of my/our son/daughter.

Dated: _____

_____ _____

Signature of Parent Witness

_____ _____

Signature of Parent Witness