##### 

##### *ATHLETE MEDICAL INFORMATION FORM*

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| **PLAYER INFORMATION** | | | | | | | | | | | | | | | | | | | Date Completed: | | | |  | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | Date of Birth: (DD/MM/YYYY) | | | | | | | | / / | | |
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| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City: | | |  | | | | | | | | | | | | | | | | Postal Code: | |  | | | | | | | | |
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| Cell Phone #: | | | | | | | ( ) - | | | | | | | | Email: | | | |  | | | | | | | | | | |
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| Health Card #: | | | | | | | | | |  | | | | | | |  | | | | | | | |
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| **EMERGENCY CONTACT PERSON** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | Relationship: | | | |  | | | | | | | | | |
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| Daytime Phone #: | | | | | | | | ( ) - | | | | | | | | | | Evening Phone #: | | | | ( ) - | | | | | | | |
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| **MEDICAL HISTORY** *use the back of this form for more details* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Allergies:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If so please list, how serious are they?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Chronic Conditions/Previous Illnesses:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| *Chickenpox, asthma, diabetes, etc* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medications:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please list any medications, including inhalers that you take?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Inoculations:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| *Date of your last tetanus booster shot, or other shots if appropriate for this tour.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplements:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| *Please list all ingested substances including vitamins* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Answer all of the following question pertaining to the status of your health *within the last year*:**   1. **Has a doctor denied or restricted your participation in sport for any reason? Yes No** 2. **Have you been admitted to the hospital for any reason? Yes No** 3. **Have you had surgery? Yes No**    1. **Have you been cleared to participate fully in sports? Yes No**    2. **(please attach note)** 4. **Have you been advised to be on any medication on a regular basis? Yes No** 5. **Have you had a skin infection? Yes No** 6. **Have you had any injuries requiring you to miss more than one practice or game? Yes No** 7. **Have you had an injury that required treatment/therapy? Yes No** 8. **Do you currently have an incompletely healed injury? Yes No** 9. **Have you had a concussion, or hit causing confusion, headache or memory loss? Yes No**    1. **How many? When? # Date** 10. **Have you had a burner, stinger, neck injury? Yes No** 11. **Have you been tested for a blood-bourne pathogen?(ie HIV, Hep B or C) Yes No** 12. **Have you experienced coughing/wheezing with exercise? Yes No** 13. **Have you experienced frequent or severe headaches? Yes No** 14. **Have you got lightheaded, dizzy or felt more short of breath than expected during exercise? Yes No** 15. **Have you experienced heat exhaustion or heat stroke? Yes No** 16. **Has a doctor ordered testing for your heart?(ECG, EKG, ultrasound, etc) Yes No** 17. **Have you experienced heart palpitations (heart feels like pounding or racing) Yes No** 18. **Have you experienced unexplained weight loss/gain? Yes No** 19. **Do you use any special equipment? (brace, pads, orthotics) Yes No**   **INJURY STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Injuries:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| *Do you have any present injuries? Receiving treatment? What is the treatment? (use back for details)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Injuries:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| *List previous injuries such as separated shoulders, fractures, dislocations, ligament reconstructions, discs, etc…* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Taping Requests:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| *Example 2 ankles & 1 thumb (indicate games or practices)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Concussions/Head Injuries:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| *History from past 2 years? When and how long were you concussed for?*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Information:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Other *useful information not asked above, other requests for supplies, do you wear glasses, contacts, dentures, etc? Use the back for more details.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEDICAL INFORMATION DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CONSENT/ CERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I consent to the release of all information contained in, or arising from this questionnaire to the appropriate members of the support staff of Rugby Ontario and I certify that I have made a full and complete disclosure concerning any and all conditions, allergies, medications, injuries and head injury information. I have answered completely and truthfully all questions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Printed Name (parent of playing is under 18 years of age) | | | | | | | | | | | | |  | Signature | | | | | | | | | | | |  | | Date | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*Note: The original version of submitted forms will be kept at the Rugby Ontario office with a copy sent with the team manager when traveling for the use of the Athletic Therapist. A player will not be able to participate in team activities until such time this form is completed and submitted to the Team Manager.*