#####

##### *ATHLETE MEDICAL INFORMATION FORM*

|  |  |  |
| --- | --- | --- |
| **PLAYER INFORMATION** | Date Completed: |  |
| Name: |  | Date of Birth: (DD/MM/YYYY) |   / / |
|  |
| Address: |  |
|  |
| City: |  | Postal Code: |  |
|  |
| Cell Phone #: | ( ) -  | Email: |  |
|  |
| Health Card #:  |  |  |
|  |
| **EMERGENCY CONTACT PERSON** |
| Name: |  | Relationship: |  |
|  |
| Daytime Phone #: | ( ) -  | Evening Phone #: | ( ) -  |
|  |  |  |  |
| **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?* |
|  |  |
| **Inoculations:** |  |
| *Date of your last tetanus booster shot, or other shots if appropriate for this tour.* |
| **Supplements:** |  |
| *Please list all ingested substances including vitamins* |
|  |
| **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** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **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. |
|  |  |  |  |  |
| 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.*