

Salisbury Sabres 2018 Football Medical Form

(Side "A" – Personal Information to be filled out by you! Side 'A' ONLY must be completed for Spring Camp)

Last Name: _____ First Name: _____ Date of Birth (dd/mm/yyyy): _____
 Address: _____ City/Town: _____ Prov.: _____ Postal Code: _____
 Home Ph. Number: () _____ Email Address: _____ Date of Last Physical (dd/mm/yyyy) _____

Alberta Health Care Number: _____ (optional)
 Emergency Contact (Name): _____ Relationship (i.e. Father, Aunt) _____
 Emergency Contact Ph: Number: () _____ _____ Emergency Contact
 Family Doctor's Name: _____ Address: _____
 Family Doctor's Ph. Number: () _____ Family Doctor's Address: _____
 Answer all of the questions below by checking YES or NO. Family Doctor's City/Town: _____ Postal Code: _____

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

	YES	NO		YES	NO
Heat Stroke/Cramps	___	___	Irregular heart beats	___	___
Infectious Mononucleosis	___	___	High or low blood pressure	___	___
Scarlett or Rheumatic Fever	___	___	A heart murmur	___	___
Tonsillitis/Sinusitis	___	___	Ear or hearing trouble	___	___
Cough up blood	___	___	Difficulties with vision	___	___
Asthma	___	___	Frequent or severe headaches	___	___
Severe tooth or gum troubles	___	___	Epilepsy or fits	___	___
Stomach Ulcers	___	___	Dizziness or fainting spells	___	___
Pneumonia or Tuberculosis	___	___	"Stingers" or "Burners"	___	___
Anemia or low iron	___	___	A concussion or been "knocked out"	___	___
Hepatitis or liver trouble	___	___	Loss of memory	___	___
Hernia or rupture	___	___	Any mental illness	___	___
Piles or hemorrhoids	___	___	Motion sickness	___	___
Tumor or cancer	___	___	Smoked cigarettes	___	___
Used alcohol	___	___	Kidney stones or blood urine	___	___
Frequent or painful urination	___	___	Used non-prescription/street drugs	___	___
Sexually transmitted disease	___	___	Diabetes	___	___
Skin rashes	___	___	Allergies	___	___
Arthritis	___	___	Any other medical illness	___	___

Have you been treated for an infectious disease in the last 12 months? If YES, which disease? _____ YES NO
 Have you ever had to stay in hospital overnight? If YES, what for? _____
 Have you ever had any surgery? If YES, what for? _____
 Have you ever had any broken bones? If YES, which bones? _____
 Do you wear contact lenses or glasses? If YES, which do you play sports with? _____
 Do you have an eye condition that requires a tinted visor while playing football? If YES, please attach note from doctor. _____
 Have you seen a physiotherapist and/or chiropractor? If YES, what for? _____
 Do you have any pins, plates or screws in your body from any bone or joint surgery? If YES, where? _____
 Do you wear any dental appliances such as braces or a plate? _____

FAMILY HISTORY: Please circle any illnesses that have affected family members past or present.

Diabetes, allergies, arthritis, neurological disorders, gout, heart disease, high blood pressure, high cholesterol, bleeding problems, kidney disease, mental illness, sickle cell anemia

Has anyone in your family dies suddenly before the age of 40? YES NO
 ARE YOU TAKING ANY MEDICATION? If YES, please list. _____
 ARE YOU TAKING ANY SUPPLEMENTS? If YES, please list. _____
 DO YOU HAVE ANY ALLERGIES TO MEDICATIONS? If YES, please list. _____
 DO YOU HAVE ANY OTHER ALLERGIES (i.e. bees)? If YES, please list. _____

WHEN WERE YOUR IMMUNIZATIONS LAST UPDATE (including Tetanus)(dd/mm/yyyy) _____

CHECK ANY OF THE AREAS THAT YOU HAVE INJURED IN THE PAST AND EXPLAIN THE INJURY BELOW:

Hand _____ Elbow _____ Neck _____ Hip _____ Shin/calf _____ Wrist _____ Knee _____ Foot _____
 Arm _____ Chest _____ Thigh _____ Ankle _____ Forearm _____ Shoulder _____ Back _____ Neck _____

Salisbury Sabres 201 Football Medical Form

(Side "B" – Physical Examination to be filled out by a doctor!)

Examining Physician: _____ Phone Number: (____) _____
Examining Physician's Signature: _____ Date: _____

Last Name _____ First Name _____

PLAYER EXAMINATION

Height ((ft./in.)) _____ Weight (lbs.) _____ BP: _____/_____ Resting Pulse: _____

EENT: _____ TEETH: _____

CHEST: _____

CARDIOVASCULAR (pulses, heart sound, and murmurs): _____

ABDOMEN (organomegaly, hernias, genitals): _____

CNS: _____ DTR's: _____

SKIN: _____

MUSCULOSKELETAL (Please note any evidence of prior injury, instability or loss of flexibility):

HAND/WRIST: _____

ELBOW: _____

SHOULDER: _____

NECK/BACK: _____

HIP/PELVIS: _____

KNEE: _____

ANKLE/FEET: _____

ADDITIONAL COMMENTS/ABNORMAL FINDINGS:

LABORATORY (If indicated): CBC: _____ Urine: _____

Others as indicated: _____

CLEARANCE FOR PARTICIPATION:

No restrictions (contact/collision) _____ RECOMMENDATIONS PRIOR TO PARTICIPATION:

Limited contact/impact: _____

Non-contact: Strenuous _____ Moderate

_____ Non-strenuous _____

- _____ Needs further consultation/tests: _____

Not fit: _____

INFORMATION RELEASE CONSENT:

I the undersigned (or my parent/guardian) consent to the release of the information contained in this medical report to Football Alberta or contracted agents for the purposes of my participation in programs offered within the sport of football.

PLAYER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(If player is under the age of 18)