Salisbury Sabres Football Medical Form

Part A - Personal Information to be filled out by parent/legal guardian PRIOR to Spring Camp

Last Name		First Name		Date of Birth	
Address					
Home Phone		Cell Phone		Email	
Emergency Contact		Relationship (mother, father, aunt)			
Emergency Contact Cell Phone					
Physician		Physician Address			
Physician Phone Number		Date of Last Physical			
Alberta Health Care Number (optional)					

Please "check" if the player is currently or has ever experienced any of the following:

Heat Stroke	☐	Irregular Heart Beat	☐	Frequent or Painful Urination	☐
Infectious Mononucleosis	☐	High or Low Blood Pressure	☐	Sexually Transmitted Infections	☐
Scarlett or Rheumatic Fever	☐	Heart Murmur	☐	Alcohol Use	☐
Tonsillitis/ Sinusitis	☐	Ear or Hearing Trouble	☐	Non-prescription/ street drug use	☐
Cough up Blood	☐	Difficulty with Vision	☐	Tobacco Use	☐
Asthma	☐	Frequent or Severe Headaches	☐	Tumor or Cancer	☐
Sever Tooth or Gum Troubles	☐	Epilepsy of Fits	☐	Kidney stones or blood in urine	☐
Stomach Ulcers	☐	Dizziness or Fainting Spells	☐	Diabetes	☐
Pneumonia or Tuberculosis	☐	"Stingers" or "Burners"	☐	Allergies	☐
Anemia or Low Iron	☐	Concussion or been "knocked out"	☐	Skin Rashes	☐
Hepatitis or Liver Trouble	☐	Loss of Memory	☐	Arthritis	☐
Hernia or Rupture	☐	Any Mental Health Concerns	☐	Any other medical illness	☐
Piles or Hemorrhoids	☐	Motion Sickness	☐		

Please check all that apply and provide details:

Have you ever been treated for an infectious disease in the last 12 months? ☐
If YES what disease:
Have you ever had any surgery? ☐
If YES, for what:
Have you ever had any broken bones ☐
If YES, which one(s):
Do you wear contacts of glasses? ☐
If YES, which do you wear to play sports with:
Do you have an eye condition which requires you to wear a tinted visor while playing football? Medical note required ☐
Have you seen a physiotherapist or a chiropractor? ☐
If YES, for what:
Do you have any pins, plates or screws in your body from and bone or joint surgery? ☐
If YES, where:
Do you wear any dental appliances such as braces or a plate? ☐

Family History: Please check any illnesses that have affected family members past or present:

Diabetes	☐	Allergies	☐	Arthritis	☐	Kidney Disease	☐
Neurological Disorders	☐	Mental Health Concerns	☐	Sickle Cell Anemia	☐	Gout	☐
High Blood Pressure	☐	High Cholesterol	☐	Bleeding Problems	☐	Heart Disease	☐

Has any one in your family dies suddenly before the age or 40? ☐

Please list any medications you are taking:
List any allergies (i.e. medications, bees):
When were your immunizations last updated (including tetanus)?
Provide details of any prior injuries (including location such as hand, elbow, neck, hip, ankle, shin/calf, wrist, knee, foot, arm, chest, thigh, shoulder, back):