

DECLARATION OF MEDICAL HEALTH

Name: _____ Phone Number: _____

Address: _____

Emergency Contact

Name: _____ Phone Number: _____

Relation: _____

1. Have you ever had a concussion? _____ If yes, how many? _____
Date of most recent _____

2. Do you have any heart conditions that could impair your ability for physical fitness? _____
If yes, please state heart condition: _____

3. Do you have any hearing impairments? _____

4. Do you have impaired vision? _____ Wear corrective lenses or contacts? _____

5. Have you ever broken a bone? _____ If yes, Which bones and when? _____

6. Do you have any allergies? _____ if yes, to what? _____
Do you carry an epi-pen? _____

7. Do you take any medication that would hinder your ability to partake in any physical activities at the gym? _____ If yes, what for? _____

8. Do you have insulin dependent diabetes any form of controlled diabetes? _____

9. Is there any mental or physical health concerns we should be aware of? _____
If so, please list

I declare that the information above is up to date and provided to the best of my knowledge. I will inform my coach of any changes in my medical that would or could impair my ability to participate in physical activities at Owen Sound Combat Academy.

Name: _____

Signature: _____ Date: _____