

## 2019 Foothills Fury Athlete Medical Form (Page 1 of 2)

Full Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Alberta Personal Health Card Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Telephone: \_\_\_\_\_

Person to contact in case of accident or emergency, if parents are not available

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please circle the appropriate response below pertaining to the athlete:

YES NO Previous history of concussions

YES NO Fainting episodes during exercise

YES NO Epileptic

YES NO Wears glasses (YES NO Are lenses shatterproof?)

YES NO Wears contact lenses

YES NO Wears dental appliance



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YES NO Hearing Issues

YES NO Asthma

YES NO Trouble breathing during exercise

YES NO Has had an illness lasting more than a week in the past year

YES NO Medication

YES NO Allergies

YES NO Surgery in the last year

YES NO Has been in the hospital or hospitalized in the last year

YES NO Presently Injured

YES NO Heart Condition

YES NO Diabetic

Please give details below if you answered “YES” to any of the above items.

Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Recent Injuries: \_\_\_\_\_

\_\_\_\_\_

Any information not covered above: \_\_\_\_\_

\_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_

\_\_\_\_\_

Any medical condition or injury problem should be check by your physician before participating in a softball program.

