



## MEDICAL HISTORY FORM

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### WHO TO CONTACT IN CASE OF AN EMERGENCY?

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implication for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following?

#### Check one

Head injury (concussion, skull fracture) \_\_\_\_\_yes \_\_\_\_\_no

Fainting spells \_\_\_\_\_yes \_\_\_\_\_no

Convulsions/epilepsy \_\_\_\_\_yes \_\_\_\_\_no

Neck or back injury \_\_\_\_\_yes \_\_\_\_\_no

Asthma \_\_\_\_\_yes \_\_\_\_\_no

High blood pressure \_\_\_\_\_yes \_\_\_\_\_no

Kidney problems \_\_\_\_\_yes \_\_\_\_\_no

Hernia \_\_\_\_\_yes \_\_\_\_\_no

Diabetes \_\_\_\_\_yes \_\_\_\_\_no

Heart murmur \_\_\_\_\_yes \_\_\_\_\_no

Allergies \_\_\_\_\_yes \_\_\_\_\_no

Specify: \_\_\_\_\_

Injuries to:

Shoulder \_\_\_\_\_yes \_\_\_\_\_no

Knee \_\_\_\_\_yes \_\_\_\_\_no

Ankle \_\_\_\_\_yes \_\_\_\_\_no

Fingers \_\_\_\_\_yes \_\_\_\_\_no

Arm \_\_\_\_\_yes \_\_\_\_\_no

Other: \_\_\_\_\_

Impaired vision \_\_\_\_\_yes \_\_\_\_\_no

Impaired hearing \_\_\_\_\_yes \_\_\_\_\_no

Other: \_\_\_\_\_

Have you had a recent tetanus booster? \_\_\_\_\_ If so, when?  
\_\_\_\_\_ Are you currently taking any  
medications? \_\_\_\_\_ What? Why? \_\_\_\_\_

Has the doctor placed any restrictions on your activity? \_\_\_\_\_ Explain  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date:  
\_\_\_\_\_ (Athlete)

Signed: \_\_\_\_\_ Date:  
\_\_\_\_\_ (Parent)

A new copy of this form to be completed each year of participation.

**IMPORTANT!**  
Include with  
Registration  
materials a copy  
of your personal  
**Medical  
Insurance  
Card,**  
AND  
If a first-time  
TYIHA player,  
**a copy of your  
birth  
certificate!**