

# Football Alberta Medical Form

(Side "A" – Personal Information to be filled out by **you!**)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_ Date of Last Physical (dd/mm/yy): \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_ **NOTE: DO NOT RETURN FORM UNLESS THIS LINE IS FILLED OUT!!!!**

Emergency Contact (Name): \_\_\_\_\_ Relationship (i.e. Father, Aunt): \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Emergency Contact Address: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Family Doctor's Address: \_\_\_\_\_

Family Doctor's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Family Doctor's City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Answer all of the questions below by checking YES or NO  
**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	_____	_____
Coughed 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 haemorrhoids	_____	_____	Motion sickness	_____	_____
Tumour 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	_____	_____

	YES	NO
Have you been treated for an infectious disease in the last 12 months? If YES, which disease? _____	_____	_____
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 died suddenly before the age of 40? YES No  
\_\_\_\_\_ \_\_\_\_\_

	YES	NO
<b>ARE YOU TAKING ANY MEDICATIONS?</b> If YES, please list. _____	_____	_____
<b>ARE YOU TAKING ANY SUPPLEMENTS?</b> If YES, please list. _____	_____	_____
<b>DO YOU HAVE ANY ALLERGIES TO MEDICATIONS?</b> If YES, please list. _____	_____	_____
<b>DO YOU HAVE ANY OTHER ALLERGIES (i.e. bees)?</b> If YES, please list. _____	_____	_____

**WHEN WERE YOUR IMMUNIZATIONS LAST UPDATED (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 _____

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Football Alberta Medical Form

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

Examining Physician: \_\_\_\_\_

Phone Number(\_\_\_\_\_) \_\_\_\_\_

Examining Physician's Signature: \_\_\_\_\_

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

## Player Examination

Height (ft./in.) \_\_\_\_\_

Weight (lbs.) \_\_\_\_\_

BP: \_\_\_\_/\_\_\_\_

Resting Pulse: \_\_\_\_\_

EENT: \_\_\_\_\_

TEETH: \_\_\_\_\_

CHEST: \_\_\_\_\_

CARDIOVASCULAR (pulses, heart sounds, 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) \_\_\_\_\_  
Limited Contact/impact \_\_\_\_\_  
Non-Contact: Strenuous \_\_\_\_\_  
                  Moderate \_\_\_\_\_  
                  Non-Strenuous \_\_\_\_\_  
Needs further consultation/tests \_\_\_\_\_  
Not fit \_\_\_\_\_

### RECOMMENDATIONS PRIOR TO PARTICIPATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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)

### Return Completed (both sides) Form to:

Football Alberta  
11759 Groat Road  
Edmonton, AB T5M 3K6  
(780)427-8108(Ph.) (780)427-0524(Fax)