

Medical Profile Form

Name: _____ Home Phone: _____

Address: _____

Height: _____ Weight: _____ Birthdate: ____/____/____

Emergency Contact: _____
Name (Area Code) Phone Number Relationship

Street # Street Name Apt. # City Postal Code



NOTE: Athletes are required to bring their Health Cards with them to the Elite Centres

Allergies to Drugs or Food: _____

Disabilities or Previous Medical Conditions: _____

Please Check each line below (y=yes or n=no):

Do you have any permanent disabilities? Y____ N____

If yes, specify: _____

Do you wear glasses? Y____ N____

Do you wear braces or false teeth, bridges, etc.? Y____ N____

Do you wear a hearing aid or hearing implant? Y____ N____

Do you wear contact lenses? Y____ N____

Do you wear a medic alert bracelet? Y____ N____

If yes, what is written on it? _____

Date of last tetanus immunization: _____ Blood Type: _____

Have you had or do you have any of the following:

- | | | | | | |
|-------------------------|-------|-------|-------------------------|-------|-------|
| Arthritis or rheumatism | Y____ | N____ | Headaches | Y____ | N____ |
| Asthma | Y____ | N____ | Heart Trouble | Y____ | N____ |
| Chronic nosebleeds | Y____ | N____ | Hernia | Y____ | N____ |
| Diabetes | Y____ | N____ | Skin Condition | Y____ | N____ |
| Diphtheria | Y____ | N____ | Stomach Problems | Y____ | N____ |
| Dislocating Shoulder | Y____ | N____ | Swollen/Painful Joints | Y____ | N____ |
| Dizziness | Y____ | N____ | Trick/Lock Knee | Y____ | N____ |
| Epilepsy | Y____ | N____ | Previous Breaks/Sprains | Y____ | N____ |
| Fainting | Y____ | N____ | If yes, elaborate: | _____ | |

List Medications: _____

Who Administers Medications at Sport Events: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____

Witness: _____

