

### Player Medical History

All information is strictly confidential; this form is to be brought to each game and practice by the team manager for emergency use only.

<b>Players Name</b>		
<b>Address</b>		
<b>Age</b>	<b>Gender</b>	<b>Birthday</b>
<b>Personal Health No.</b>		
<b>Parent's/Guardian's Name</b>		
<b>Cell Phone No.</b>		
<b>Alternate Contact: Name &amp; Cell No.</b>		
<b>Do you require corrective lenses?</b>		
<b>Record of illness: Check those that have occurred at any time</b>		
<b>Asthma</b>	<b>Heart Disease</b>	
<b>Diabetes</b>		
<b>State illnesses of past five years:</b>		
<b>Injuries (specify):</b>		
<b>Other illnesses or surgeries:</b>		
<b>Check if you suffer from any of the following:</b>		
<b>Recurring headache</b>	<b>Blackout</b>	
<b>Seizures</b>	<b>Chest pain</b>	
<b>Physicians name</b>		
<b>Phone Number</b>		
<b>Immunisation year of last tetanus shot?</b>		
<b>List allergies and/or regular medication:</b>		
<b>Date card completed</b>		
<b>Date updated</b>		