

Appendix 2

MEDICAL HISTORY INFORMATION	YES / NO (CHECK)	IF ANSWERED YES, PLEASE DESCRIBE
In the last year, has a doctor ever denied or restricted your participation in sports for any reasons?	YES / NO	
Have you had any surgery in the last 12 months?	YES / NO	
Have you been diagnosed with a fracture, stress fracture or other bone injury in the last 12 months?	YES / NO	
Have you had any of the following injuries or conditions;	YES / NO	
Head injury /concussion		
Neck or back injury	YES / NO	
Trauma or overuse to any joint/bone	YES / NO	
Trauma or overuse to any ligament/tendon	YES / NO	
Asthma/breathing problems	YES / NO	
Bleeding or blood disorder	YES / NO	
Diabetes		
Heart disease	YES / NO	
History of seizures/epilepsy	YES / NO	
Mononucleosis	YES / NO	
Infectious diseases (organs, bones etc.)	YES / NO	
Skin conditions including infection	YES / NO	
Other	YES / NO	
Are you currently taking any medication? Please list -	YES / NO	- - - -
Are you currently wearing any type of protective equipment, bracing or taping for any existing injury or condition?	YES / NO	
Do you have any allergies? Please describe the severity -	YES / NO	

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MEDICAL HISTORY INFORMATION	YES / NO (CHECK)	IF ANSWERED YES, PLEASE DESCRIBE
Do you carry and EPI pen?	YES / NO	
Do you wear eye glasses or contact lenses?	YES / NO	
Do you wear dental appliances?	YES / NO	
Do you have any significant family medical history?	YES / NO	

COMMENTS:

MEDICAL WAIVER

I, _____(the undersigned), hereby agree that the relationship between myself and any attending physician, therapist or allied medical personnel in connection with the event shall be governed by and constructed in accordance with the laws of the province in which the event is being held.

I _____ (the undersigned), state that, to the best of my knowledge, all of the answers on the preceding Medical History form are correct.

Signature of Athlete

Signature of Parent/Guardian (if athlete is under 18 years of age)