

**KAMLOOPS BRONCOS
PLAYER HEALTH HISTORY**

**Personal Player Information**

|  |  |  |
| --- | --- | --- |
| Name: | Birth Date: | Age: |
| Address: | Home Ph: |
| City, Province: | Postal Code: | Cell Ph: |
| Emergency Contact: | Emergency Ph: |
| Medical Card - Province: | # | Family Doctor: |
| Height: | Weight: | Family Doctor Ph: |
| Parent Name: | Parents Contact No#: |
| T-Shirt Size |  |

**Health Information**

Do you have any of the following conditions (please check all that apply)

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | Condition |
|  |  | Diabetes |
|  |  | Epilepsy |
|  |  | Heart Condition (ie; arrhythmia, murmur, high blood pressure, cholesterol, etc…) |
|  |  | lung Problems (asthma, pneumonia, emphysema, etc…) |
|  |  | Concussion: If yes, how long ago? Did you blackout? |
|  |  | Wear glasses/contacts |
|  |  | Dental bridges/plates/braces |
|  |  | Previous joint sprains: If yes, where? How long ago? |
|  |  | Muscle strains/tears: If yes, where? How long ago? |
|  |  | Previous Surgeries: If yes, what? Where? How long ago? |
|  |  | Allergies: If yes, please list |
|  |  | Are you currently on any medications? Please list |
|  |  | Do you have or require and Epi-Pen for allergies or other purposes? |

Please list any other pertinent information that you feel is relevant to your physical performance and health:

|  |
| --- |
|  |
|  |
|  |
|  |

I have read and filled out all of the above to the best of my knowledge. I have identified and declared any/all known health issues and/or problems that would assist the Team and Training Staff in my benefit.

Signature: Date: