

Player Health History

To be completed and signed by parent or guardian

Yes No Has had an injury requiring medical attention (includes treatment for head or brain injury, unconsciousness, sprains of any joints, broken bones, serious eye trouble and kidney injuries).

Yes No Has had an illness lasting more than a week (includes history of heart condition or heart disease, rheumatic fever, mononucleosis, epilepsy, diabetes, etc...)

Yes No Has any allergy (insects, medication, pollen, etc...)

Yes No Is under the care of a physician at this time.

Yes No Takes medication on a regular basis. Specify:

Yes No Wears glasses.

Yes No Wears contact lenses.

Yes No Has had surgical operation or been advised to have one.

Yes No Has been in the hospital (other than tonsillectomy).

Yes No Has any special health problem.

Yes No Has any missing or non-functional organ.

Please explain all "Yes" answer to the above questions:
