

CONFIDENTIAL

This document shall be utilized by team coaching staff, assistants, and medical personnel ONLY for the sole purpose of monitoring any health issues associated with any individual athlete. This questionnaire shall not be disseminated to any other person or entity except as indicated above, without the express written consent of the athlete's parent/guardian.

Visalia United F.C. Athlete Medical Questionnaire

Athlete Name: _____

Date of Birth: _____

Height: _____ Weight: _____ Blood Type: _____

Home Address: _____

Emergency Contact Person: _____

Emergency Telephone Numbers: _____

THIS DOCUMENT TO BE COMPLETED BY THE PARENT/LEAGL GUARDIAN OF THE ATHLETE

(The questions below are related to the medical history of the athlete ONLY)

Please circle "Yes" or "No" and provide additional details where requested on this form.

1. Have you had a mental illness or injury since your last check up or sports physical? Yes No
(List: _____)
2. Do you have any ongoing or chronic illness or medical condition? Yes No
(List: _____)
3. Are you allergic to any medication? Yes No
(List: _____)
4. Do you have any food allergies? Yes No
(List: _____)
5. Do you have any seasonal allergies that require medical treatment? Yes No
(List: _____)

6. Are you allergic to insect bites or stings? (List: _____)	Yes	No
7. Do you take any over the counter medication(s)? (List: _____)	Yes	No
8. Do you have asthma?	Yes	No
9. Do you use an inhaler?	Yes	No
10. Do you take any over the counter medication including medication for asthma? (List: _____)	Yes	No
11. Have you ever had chest tightness, cough, wheezing or other chest (lung) problems which have made it difficult for you to perform in sports?	Yes	No
12. Have you ever had a seizure?	Yes	No
13. Have you ever become ill from exercising in the heat?	Yes	No
14. Have you ever passed out in the heat?	Yes	No
15. Have you ever been told to give up sports because of health problems?	Yes	No
16. Have you ever been dizzy during or after exercise?	Yes	No
17. Do you have or have you been told you have a heart condition of any kind? (List: _____)	Yes	No
18. Have you ever had a concussion or other head injury? (List/Dates: _____)	Yes	No
19. Do you have frequent or severe headaches?	Yes	No
20. Do you have back pain	Yes	No
21. Have you ever injured your back?	Yes	No
22. Have you ever injured your knee?	Yes	No
23. Have you been told by a doctor or medical professional that you have injured the cartilage or ligaments in your knee(s)?	Yes	No
24. Have you ever had knee surgery? (List: _____)	Yes	No

25. Have you ever had a severe ankle sprain? Yes No
(When/Current Status: _____)
26. Do you wear contact lenses or any other corrective eyewear during competition? Yes No
(List: _____)
27. Do you have any other conditions that we should be aware of? Yes No
(List: _____

_____)

I hereby state that the questions on this form have been answered completely and truthfully to the best of my knowledge. I further state that I have discussed all of the above questions with my child/athlete prior to answering the questions and that I believe the answers contained herein are accurate.

Signature of Athlete

Date

Signature of Parent/Guardian

Date

The signature of the Parent/Legal Guardian above shall serve as consent for the coaching staff and assistants to review the same for the sole purpose of working to maintain the safety of the athlete. The Parent/Legal Guardian acknowledges that they have an ongoing duty to immediately advise the coach if there is any change in the athlete's medical condition that could affect their ability to compete, practice and/or participate in any way.