MEDICAL FORM

Football is a physical activity requiring important physical effort. In this questionnaire, we wish to verify your physical ability to play football, in order that you suffer no medical problems. We therefore as you to answer these few questions honestly.

Identific	ation						
Name: _		Age:					
Address	:	Height:					
Postal C	ode:	Weight:					
Telepho	ne: () Health Insurance No.					
State of	f Health						
1.	Sensory	y affliction	YES	NO			
	A) B) C) D)	Do you have eyesight problems? Do you wear glasses? Do you wear contact lenses? Do you have hearing problems?					
2.	Nervous						
	A) B) C)	Do you suffer from fainting spells? Do you have epilepsy? Have you ever suffered a head injury (concussion)? If yes, when?					
D)	Do you other that	If yes, when? Do you suffer from brain or neurological disorders ther than those mentioned above?					
3.	Respiratory problems						
	A)	Do you suffer from asthma or chronic bronchitis?					
4.	4. Kidney problems						
	A)	Have you ever suffered or do you suffer from any form of kidney disease?					
5.	Muscula	ar/skeletal problems					
		Do you have limited movement of any of your limbs or of your spine?					
	B)	Do you suffer from muscle weakness?					
6.	Systemic disorders		YES	NO			
	A) B)	Do you have diabetes? Have you ever suffered from severe rheumatism?					

7. Cardiovascular problems

	A) B) C	Have you a cardiac or vasculation by you often have chest or he has your doctor ever told you high blood pressure?	eart pains?		_			
8.	Skin pr	Skin problems						
	A)	Do you have any contagious	skin disease?					
9.	Other conditions							
	A) B)	Are you taking any medication Have you ever undergone sur	rgery?		=			
	C)	If so, when? Have you suffered any type o in the last six months?	f injury whatsoever					
	D)	Do you suffer from any diseasthan those mentioned above?						
	E)	Have you suffered any type o If so, to what?	f allergy?					
of the a		rotection, we ask you to consu estions and to send a copy of ns.						
List the	injuries	you have suffered which have	kept you from playing you	r sport:				
are obl	iged to ir	with article 22.1 of the safety re nform your coach of any chang which might endanger your ph	je in your state of health wl					
Membe	er's signa	ature	Parent or legal guardian		Date			