

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 ask you to answer these few questions honestly.

Identification

Name: _____ Age: _____

Address: _____ Height: _____

Postal Code: _____ Weight: _____

Telephone: (_____) _____ - _____ Health Insurance No. _____

State of Health

- | | YES | NO |
|--|-----|-----|
| 1. Sensory affliction | | |
| A) Do you have eyesight problems? | ___ | ___ |
| B) Do you wear glasses? | ___ | ___ |
| C) Do you wear contact lenses? | ___ | ___ |
| D) Do you have hearing problems? | ___ | ___ |
| 2. Nervous system problems | | |
| A) Do you suffer from fainting spells? | ___ | ___ |
| B) Do you have epilepsy? | ___ | ___ |
| C) Have you ever suffered a head injury (concussion)?
If yes, when? _____ | ___ | ___ |
| D) Do you suffer from brain or neurological disorders
other than those mentioned above? | ___ | ___ |
| 3. Respiratory problems | | |
| A) Do you suffer from asthma or chronic bronchitis? | ___ | ___ |
| 4. Kidney problems | | |
| A) Have you ever suffered or do you suffer from
any form of kidney disease? | ___ | ___ |
| 5. Muscular/skeletal problems | | |
| A) 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) Do you have diabetes? | ___ | ___ |
| B) Have you ever suffered from severe rheumatism? | ___ | ___ |
| 7. Cardiovascular problems | | |

