



THE 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: _____

_____ 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. Cardio-vascular problems		
A) Have you a cardiac or vascular problem?	_____	_____
B) Do you often have chest or heart pains?	_____	_____
C) Has your doctor ever told you that you have high blood pressure?	_____	_____
8. Skin problems		
A) Do you have any contagious skin disease?	_____	_____
9. Other conditions		
A) Are you taking any medication?	_____	_____
B) Have you ever undergone surgery?	_____	_____
If so, when? _____		
C) Have you suffered any type of injury whatsoever in the last six months?	_____	_____
D) Do you suffer from any disease or ailment other than those mentioned above?	_____	_____
E) Have you suffer any type of allergy?	_____	_____
If so, to what? _____		

For your own protection, we ask you to consult your physician if you have answered “yes” to one or more of the above questions and to send a copy of the medical report to your coach along with the doctor’s recommendations.

List the injuries you have suffered which have kept you from playing your sport?

In accordance with article 22.1 of the safety regulations of the Québec Amateur Football Federation, you are obliged to inform your coach of any change in your state of health which might impair your ability to play football or which might endanger your physical well-being.

_____	_____	_____
Member’s signature	Parent or legal guardian	Date

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