



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 : _____
Tel : _____

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? | ___ | ___ |

	YES	NO
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		
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 what so ever in the last six months?	___	___
d) Do you suffer from any disease or ailment other than those mentioned above?	___	___
e) Do you suffer from any allergy? If so, which one? _____	___	___

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.

Parent or legal guardian

Date