



UFV ATHLETICS RETURNING ATHLETE MEDICAL FORM 2011-2012

PLEASE PRINT LEGIBLY IN INK; Take your time and answer thoroughly.

PLEASE NOTE: This form is not to be used for athletes who are new to UFV or have taken more than one season off. Athletes using this form must have at least one complete pre-season physical examination of file from previous seasons.

Name: _____ Date: _____

Sport/Year: _____ Date of last Physical: _____

Date of Birth: ____/____/____ Student #: _____
Month Day Year

Health Care Card #: _____ Province: _____

Address: _____ City: _____ Postal Code: _____

Home Phone #: () _____ Email Address: _____

Family Physician's Name: _____ Phone #: () _____ City: _____

All students are part of the Student Union Health and Dental plan that covers medications, braces, orthotics, athletic/physiotherapy, chiropractic and more. It is strongly recommended that Cascade athletes do not 'opt out' of this insurance plan as it can supplement any other medical coverage you may have. If you have 'opted out' or if you are an international student, please complete the following:

Policy Holder (ex. Parent who this plan is through): _____

Insurance Company Name: _____

Group Plan #: _____ Policy #: _____

In case of injury or illness, please notify: (parent / spouse / guardian):

Name: _____ Relationship To You: _____

Address: _____ City: _____ Postal Code: _____

Phone: Home: () _____ Work: () _____ Cell: () _____

Name: _____ Relationship To You: _____

Address: _____ City: _____ Postal Code: _____

Phone: Home: () _____ Work: () _____ Cell: () _____

Allergies: _____ Past/Current Medical Conditions: _____

Medications: _____ Past/Current Major Injuries/Surgeries: _____

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In the past year, have you experienced any of the following? Please explain "Yes" answers below

- Y N Any injury requiring you to miss more than one practice or game
- Y N Any injury requiring athletic therapy or other treatment
- Y N Any concussion or head injury
- Y N Any burner/stinger or neck injury
- Y N Any surgery or operation for any reason
- Y N Any hospital admission for any reason
- Y N Any illness or medical condition lasting longer than one week
- Y N Any heat exhaustion or heat stroke
- Y N Are you now, or have you been advised to be on, any medication on a regular basis
- Y N Any new allergies to medication, insects, etc.
- Y N Chest pain or severe shortness of breath on exertion
- Y N Coughing or wheezing one exertion
- Y N Irregular heart beat
- Y N Bone or joint pains not related to injury
- Y N Frequent or severe headaches
- Y N Abdominal pains
- Y N Skin problems
- Y N Unexplained weight changes
- Y N (women only) Any abnormality of menstrual cycles – skipping cycles or not having period
- Y N Have you started using any special equipment? (Braces, Orthotics, Padding etc.)
- Y N Do you currently have any incompletely healed injury?
- Y N Do you have anything you wish to discuss with the team physician?

Explain each "YES" answer in more detail. Include dates, treatment, etc.

Any YES answer may require further evaluation by the team physician.

I, _____, hereby certify that the above information to be complete and correct and will continue to update UFV Athletics as to any changes in my medical status.

Student-Athlete Signature

Date