Airdrie Girls Softball

Airdrie Girls Softball Association Medical Form

Date:

Full Name:						
Date of Birth:	Month (MMM):		Day (dd):		Year (yyyy):	
Address:						
Postal Code:		Alberta Personal Health Card Number:				
Mother's Name:						
Mother's Phone:						
Father's Name:						
Father's Phone:						

Athlete's Emergency Contacts

***Person to contact in case of accident, if parents are not available**

Name:	
Phone:	
Doctor's Name:	
Phone:	
Dentist's Name:	
Phone:	

Athlete's History

Please circle the appropriate response below pertaining to the Athlete:

Yes	NO	Previous history of concussions
Yes	NO	Fainting episodes during exercise
Yes	NO	Epileptic
Yes	NO	Wears Glasses (if yes see below)
Yes	NO	Are lenses Shatterproof?
Yes	NO	Wears Contact Lenses
Yes	NO	Wears Dental Appliance
Yes	NO	Hearing Issues
Yes	NO	Asthma
Yes	NO	Trouble Breathing during exercise
Yes	NO	Has had an illness lasting more than a week in the past year
Yes	NO	Medication
Yes	NO	Allergies
Yes	NO	Surgery in the last year
Yes	NO	Has been hospitalized in the last year
Yes	NO	Presently injured
Yes	NO	Heart condition
Yes	NO	Diabetic

Please give details below if you answered "Yes" to any of the above items.

Medications	
Allergies	
Medical Conditions	
Recent Injuries	
Any other information	